



COLUMBIA HIGH SCHOOL
17 PARKER AVENUE
MAPLEWOOD, NEW JERSEY 07040
OFFICE OF GUIDANCE AND COUNSELING
973-762-5600, EXT 1032
rflorio@somsd.k12.nj.us



Student:				Date:	
Current Grade:				Date of Birth:	
Name of Parent/Legal Guardian:					
Student's Last Day of School Attendance:					
New Address: (if applicable)					
Transfer School: (Name & Address)					

Signature of Parent/Legal Guardian

Signature of Student (18 or above)

I hereby give permission for release of the above records to my child's school.^{1*}

TEACHERS, PLEASE INDICATE THE CURRENT GRADE STUDENT HAS EARNED IN YOUR CLASS. Please indicate whether books/materials have been returned.

Period/Course	Teacher's Signature	Grade at time of withdrawal	Books/Materials Returned (Y or N)
1			
2			
3			
4			
5			
6			
7			
8			
9			

* In addition to the release of the above records to which you consent, we will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, and disciplinary records pursuant to N.J.A.C. 6:3-6.5.

When properly completed and signed by all teachers, this form certifies that the student has settled all accounts at Columbia High School. Please return the signed form to Mrs. Florio in the Guidance Office.

