

Syosset Central School District

Dr. Thomas L. Rogers
Superintendent of Schools

P.O. Box 9029, 99 Pell Lane
Syosset, New York 11791
516-364-5600

Dr. Theresa Curry
Deputy Superintendent of Schools
Phone: 516-364-5656
Facsimile: 516-921-0087

PARENTAL RELEASE OF RECORDS

Date: _____ Child's Last Name _____ Child's First Name _____

Please select school student will be attending:

Alice P. Willits Elementary School
99 Nana Place, Syosset, NY 11791
516-364-5829
Fax: 516-364-3792

South Grove Elementary School
60 Colony Lane, Syosset, NY 11791
516-364-5810
Fax: 516-364-2749

Berry Hill Elementary School
181 Cold Spring Road, Syosset, NY 11791
516-364-5790
Fax: 516-364-3379

South Woods Middle School
99 Pell Lane, Syosset, NY 11791
516-364-5638
Fax: 516-364-3249

Harry B. Thompson Middle School
98 Ann Drive, Syosset, NY 11791
516-364-5767
Fax: 516-837-8975

Syosset High School
70 South Woods Road, Syosset, NY 11791
516-364-5686
Fax: 516-364-8018

J. Irving Baylis Elementary School
580 Woodbury Road, Plainview, NY 11803
516-364-5798
Fax: 516-837-8924

Village Elementary School
90 Convent Road, Syosset, NY 11791
516-364-5817
Fax: 516-364-3381

Robbins Lane Elementary School
157 Robbins Lane, Syosset, NY 11791
516-364-5804
Fax: 516-837-8914

Walt Whitman Elementary School
482 Woodbury Road, Woodbury, NY 11797
516-364-5823
Fax: 516-692-9103

I (please print Parent /Guardian's Name)
hereby give permission for (Name and Address of Previous School)

to forward the Academic, Standard & NYS test results (ELA, NYSESLAT or NYSITELL scores), and Medical/
Immunization records of my child to the office of the Syosset school that is checked off on the above list:

Child's Last Name _____

Child's First Name _____

For students enrolling in grade 6 or 9, please provide the name and complete address of the Middle or High
School they would have attended if they did not move/transfer:

Signature of Parent/Guardian _____