MONROE TOWNSHIP SCHOOL DISTRICT
CENTRAL OFFICE REGISTRATION
423 Buckelew Avenue, Monroe Township, NJ 08831

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS (CONFIDENTIAL)

Student Information

Student Name: _____

Date of Birth: _____ **Grade:** _____

Previous School Information

School Name: _____

School Address: _____

City/State/Zip: _____ **Phone:** _____

The following School and Medical Records are being requested:

☑ Transfer Card *(Include Attendance Record)* ☑ NJ STATE ID# ☑ Report Card *(Current)*

☑ Complete Health Record *(Include Immunization & A-45 Form)* ☑ Transcript of Grades ☑ Discipline Records

☑ ESL/ELL WIDA Access Test Scores ☑ NJSLA Scores ☑ Standardized Achievement Test Results

***MAIL the above School and Medical Records to the school listed below:

☐ **Barclay Brook Elementary School**
358 Buckelew Avenue, Monroe Township, NJ 08831
Tel: (732) 521-1000 Fax: (732) 605-0180

☐ **Brookside Elementary School**
370 Buckelew Avenue, Monroe Township, NJ 08831
Tel: (732) 521-1101 Fax: (732) 521-6022

☐ **Mill Lake Elementary School**
115 Monmouth Road, Monroe Township, NJ 08831
Tel: (732) 251-5336 Fax: (732) 251-0886

☐ **Woodland Elementary School**
42 Harrison Avenue, Monroe Township, NJ 08831
Tel: (732) 251-1177 Fax: (732) 251-1563

☐ **Oak Tree Elementary School**
226 Applegarth Road, Monroe Township, NJ 08831
Tel: (609) 655-7642 Fax: (609) 655-7612

☐ **Applegarth Elementary School**
227 Applegarth Road, Monroe Township, NJ 08831
Tel: (609) 655-0604 Fax: (609) 655-0643

☐ **Monroe Township Middle School**
1629 Perrineville Road, Monroe Township, NJ 08831
Tel: (732) 521-6042 Fax: (732) 521-2846

☐ **Monroe Township High School**
200 Schoolhouse Road, Monroe Township, NJ 08831
Tel: (732) 521-2882 Fax: (732) 521-2976

*** MAIL - Child Study Team Records to the address listed below:

☑ **Pupil Personnel Services**
Monroe Township School District
423 Buckelew Avenue, Monroe Township, NJ 08831

***Official Child Study Team Records should include, but not be limited to, Psychological and/or Psychiatric results, educational evaluations, social reports, etc.

I authorize Monroe Township School District to receive this information. I understand and have been informed that I have the right to review any information that is sent by any of the above agencies.

Parent Signature **Date** **School Official** **Date**