

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS**

**Jefferson School  
85 Prospect Street  
West Caldwell, N.J. 07006  
(973)228-5994**

**Date:** \_\_\_\_\_

Dear Sir or Madam,

\_\_\_\_\_ formerly enrolled in your school, are now enrolled in  
Jefferson School.

We would sincerely appreciate receiving all medical records, transcripts, aptitude or achievement test scores (and their dates), a copy of each student's health records, NJ Smart ID # and any other information you feel might be helpful in relation to this student's transfer.

Thank you for your cooperation.

Sincerely,

***Tim Ayers***

Tim Ayers  
Jefferson School Principal

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I hereby give my consent to have records released to Jefferson School, West Caldwell, NJ  
in reference to:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(PLEASE PRINT)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_