

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** _____

Previous School/Address: _____ **Last Day** _____

Student Name _____ **Grade** _____

Previous School/Address: _____ **Last Day** _____

Parent/Guardian Name _____

(PLEASE PRINT)

Parent/Guardian Signature _____ **Date** _____