



Lincoln School
OFFICE OF THE PRINCIPAL
18 Crane Street

(973) 228-3987

REQUEST FOR RECORDS

Date: _____

Enrollment Date: _____

To: _____

Student Name: _____ Grade: _____

Date of Birth: _____

PLEASE SEND THE FOLLOWING:

Complete transcript of this student's records (Please be sure to include grades for the current school year up to and including the date of transfer)

An explanation of your grading system and key numerically

Test results

Health Records

New Jersey Smart ID# (if applicable)

And any other information which may help us provide a satisfactory adjustment for this student in our school.

Thank you,

Adam Geher

Adam Geher, Principal
Lincoln School

Signature of Parent/Guardian