

# WINSLOW TOWNSHIP SCHOOL DISTRICT

Office of the Principal

**DATE:**

**TO:**

**RE:**

Please forward the following records for the above named child, who has transferred into our school district to the above address. Thank You.

- Scholastic Records \_\_\_\_\_
- Health Records \_\_\_\_\_
- Transfer Card \_\_\_\_\_
- Disciplinary Records \_\_\_\_\_
- CST Evaluation \_\_\_\_\_
- Related Services  
(i.e. speech, OT, PT) \_\_\_\_\_

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### Parental Permission

I, give the Winslow Township Board of Education permission to release or receive information from any source outside the school system that may have worked with my (son, or daughter). This may include information from the family doctor or CST (Child Study Team) from another school system.

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Parent's/Guardian's Signature

\_\_\_\_\_

Date