



Plumsted Township School District

STUDENT RECORD REQUEST FORM
FOR TRANSFERS ONLY

Student Name: _____

Date of Birth: _____ Date Withdrawn: _____

Grade Level at time of withdrawal: (circle level) PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Transferring School: _____ Phone: _____

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

Please forward this information to the address circled below. We appreciate your assistance.

Table with 3 columns: Dr. Gerald H. Woehr Elementary School (Grades K-5), New Egypt Middle School Grades 6-8, and New Egypt High School Grades 9-12. Each column contains address, attention person, and phone number.

I hereby authorize the Plumsted Township School District to obtain the following information concerning the above named student. I certify that all information provided is true to the best of my knowledge.

Sign: _____

Parent/Guardian

Date

Pursuant to public law regulating the release of school records, we as officials of a public school are requesting:

- Birth Certificate
Transcript of academic records
Standardized test results
Health/Immunization records
Discipline records
Withdrawal papers including grades, absences and withdrawal date
504 Records
ALL OF THE ABOVE

First Request _____

Second Request _____

Third Request _____