

EAST ORANGE SCHOOL DISTRICT

Enrollment Center
74 Halsted Street
East Orange, NJ 07018
enrollment@eastorange.k12.nj.us

Telephone: (973) 266-2399

Fax: (973) 266-3483

Attn: (Name of contact person)

RECORDS REQUEST FORM

Section A: To be completed by parent/guardian of the student(s)

Name of school: City and State:

Main Number: Fax Number:

Student(s) Name(s): Grade: Date of Birth:

Grade: Date of Birth:

Section B: To be completed by Enrollment Center Staff

THE STUDENT(S) NAMED ABOVE IS/ARE REGISTERING INTO THE EAST ORANGE SCHOOL DISTRICT. PLEASE FAX A COPY OF ALL RECORDS CHECKED BELOW IMMEDIATELY.

- CURRENT SCHEDULE BIRTH CERTIFICATE
OFFICIAL STUDENT RECORDS IMMUNIZATION RECORDS
CURRENT REPORT CARD CURRENT GRADE POINT AVERAGE
OFFICIAL DATE OF WITHDRAWAL GRADING SCALE
STANDARDIZED TEST SCORES (CURRENT) TRANSFER
UNOFFICIAL TRANSCRIPT ANY OTHER PERTINENT INFORMATION

Section C: To be signed at the Enrollment Center

BELOW IS A RELEASE FORM, SIGNED BY THE STUDENT'S PARENT/GUARDIAN, GIVING PERMISSION FOR THE INFORMATION REQUESTED TO BE FAXED TO THE ENROLLMENT CENTER. THANK YOU FOR YOUR CO-OPERATION.

ENROLLMENT CENTER REGISTRAR

- 1. I AUTHORIZE YOU TO SEND THE ENROLLMENT CENTER ALL RECORDS FOR MY CHILD/CHILDREN CHECKED ABOVE.
2. I UNDERSTAND THAT THIS INFORMATION WILL BE USED FOR THE PROFESSIONAL PURPOSE OF HELPING MY CHILD IN HIS/HER EDUCATIONAL PROGRAM AND THAT IT WILL BE SENT TO THE APPROPRIATE AUTHORIZED PERSONNEL.

Relationship to student(s)

Signature of parent/guardian

Contact Number

*(Please note: The above student's parent/guardian is at the Enrollment Center office awaiting your response. The registration process cannot be completed without this information.)

Date of request

Request: 1st 2nd 3rd