

EAST ORANGE SCHOOL DISTRICT

Enrollment Center
74 Halsted Street
East Orange, NJ 07018

enrollment@eastorange.k12.nj.us

Telephone: (973) 266-2399

Attn: (Name of contact person)

Fax: (862) 252-7736

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.)
Request: 1st 2nd 3rd

Date of request