

# PITMAN MIDDLE SCHOOL

138 East Holly Avenue  
Pitman, New Jersey 08071  
856-589-0636  
Fax: 856-589-2289

Bud Wrigley  
*Principal*

Michael M. McAleer  
*Assistant Principal*

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Date \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian  
of \_\_\_\_\_, authorize the Pitman Public

Schools to request any and all pertinent information as it pertains to my  
son/daughter.

\_\_\_\_\_ Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Was enrolled in school on \_\_\_\_\_.

Please mail the student records that contain the following information:

- \_\_\_\_\_ Transfer Card
- \_\_\_\_\_ **Health Record/A45 Card/DO NOT SEND SEPARATELY**
- \_\_\_\_\_ Recent Achievement Test results
- \_\_\_\_\_ This year's report card or a summary of pupil's school  
progress to date during this year (scholastic grades, attendance).
- \_\_\_\_\_ Psychological examination records, if any. (These will be  
treated with confidence.)
- \_\_\_\_\_ Other cumulative folder items available.

Upon receiving such records, we can better work with and help our pupils.

Thank you.

Bud Wrigley  
Principal