

SPOTSWOOD PUBLIC SCHOOLS
SPOTSWOOD, NEW JERSEY 08884

REQUEST FOR SCHOOL RECORDS

Name of Student

Date of Birth

I hereby give permission for the Spotswood Public Schools to receive records for the applicant named above.

Name

Relationship

Signature

Name and address of previous school: _____

Records requested:

- Academic records including standardized test scores
- State of New Jersey – Student Transfer Card
- Original Health Records
- Free and Reduced Lunch Form (if recipient)
- Discipline Records
- **State ID #**
- Other _____

Records should be sent to:

_____ Principal, G. Austin Schoenly School
80 Kane Avenue, Spotswood, NJ 08884

_____ Principal, E. Raymond Appleby School
23 Vliet Street, Spotswood, NJ 08884

_____ Principal, Memorial Middle School
115 Summerhill Road, Spotswood, NJ 08884

_____ Director of Guidance, Spotswood H.S.
105 Summerhill Rd., Spotswood, NJ 08884