JACKSON SCHOOL DISTRICT

151 Don Connor Boulevard
Jackson, NJ 08527
(732)833-4600

Nicole Pormilli, Superintendent of Schools

[ ] Jackson Township High School 125 North Hope Chapel Road, Jackson, NJ 08527/Fax 732-415-7008
[ ] Jackson Township Middle School 101 Don Connor Blvd, Jackson, NJ 08527/Fax 732-8334639
[ ] Jackson Township 5-6 School 835 Patterson Road, Jackson, NJ 08527/Fax 732-833-4740
[ ] Crawford-Rodriguez Elementary School 1025 Larsen Road, Jackson, NJ 08527/Fax 732-833-4759
[ ] Elms Elementary School 780 Patterson Road, Jackson, NJ 08527/Fax 732-833-4739
[ ] Lucy Holman Elementary School 125 Manhattan Street, Jackson, NJ 08527/Fax 732-833-4789
[ ] Howard C. Johnson Elementary School 1021 Larsen Road, Jackson, NJ 08527/Fax 732-833-4769
[ ] Switlik Elementary School75 West Veterans Highway, Jackson, NJ 08527/Fax 732-833-4672

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student: _____

Date of Birth: _____ Enrolling in Grade: _____

The above student has enrolled in the Jackson Township School District. Please send the following student information to the school indicated above as soon as possible:

- Health Records (originals if coming from within New Jersey required)
- Transcript of Academic Records (including grades to date of withdrawal)
- Standardized Test Records (including NJSLA/ ACCESS 2.0)
- Special Service Records (may be mailed directly to our Child Study Team)
- Discipline Records (if the student has been involved in offenses involving weapons, alcohol or drugs, or willful affliction of injury to persons or an act of violence against persons and/or property committed on school premises, at school or school sponsored activity, please forward appropriate disciplinary documentation.) please check below:

_____This student is registered as bilingual and/or English as a Second Language (ESL) as per 6A:15 Bilingual Education Code.

_____This student is registered as homeless as per NJAC 6A: 17-2.9(a). As the school district of origin, a tuition contract will be sent upon completion of registration if the previous school is in New Jersey.

_____This student is registered as a tuition student. As the district of residence, a tuition contract will be sent upon completion of registration.

Previous School: _____

Address: _____

I HEREBY GIVE MY PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Signature of Parent/Guardian: _____

Signature of Student 18 or older: _____