

Delran Intermediate School

Kimberly Hickson
Principal

Christopher Sheridan
Assistant Principal

20 Creek Road
Delran, NJ 08075
856-764-5100



Office use

To:	Fax/email:
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Please send the records to the address above labeled: SCHOOL RECORDS

Records Release Form

A former student in your school has made an application to be enrolled at Delran High School

Student Name:

_____ (please print)

Date of Birth: _____ **Grade:** _____

In order for this pupil to complete registration, we are asking that you release to us the following records:

1. Official records of all courses and grades to date
2. Health records including immunization records
3. Custody Records
4. Any state and standardized test results for all years
5. Extracurricular activities
6. Attendance records
7. Discipline records
8. Child Study Team (IEP and/or 504) records if applicable
9. Grading scale/School Profile

As the parent/guardian of the above named student, I hereby give consent to the Delran Township Public School District to request all academic and/or medical records from my child's previous school district.

I understand that all such records will be handled so that confidentiality is maintained.

Parent/Guardian Name:

Name _____ (please print)

Signature: _____ **Date** ____ / ____ / ____