

Glen Ridge Public Schools

Parental Release Statement

Please note that this form is mandatory when registering 1st - 12th grades.

I hereby authorize that the academic records, including all test data and most recent report card and transcript, psychological evaluations, including all pertinent CST documents and medical records (including original NJ Form A-45, if in state) for my child, _____, be forwarded to the child's enrolling school as listed below. *If transferring from a New Jersey public school, please include NJ SID# on records.*

Glen Ridge High School % Erin Follet
200 Ridgewood Avenue, Glen Ridge, NJ 07028
or efollet@glenridge.org

Linden Avenue School % Deb Travisano
205 Linden Avenue, Glen Ridge, NJ 07028
or dtravisano@glenridge.org

Ridgewood Avenue School % Rebecca Tsafos
235 Ridgewood Avenue, Glen Ridge, NJ 07028
or rtsafos@glenridge.org

Forest Avenue School % Cathy Ciccone
287 Forest Avenue, Glen Ridge, NJ 07028
or cciccone@glenridge.org

Central School % Beth Wall
180 Hillside Avenue, Glen Ridge, NJ 07028
or ewall@glenridge.org

It is my understanding that these records are for professional use and will be kept in a confidential file.

Parent/Guardian Signature

Date

Kindly supply the following information so that we may complete the request for your child's records.

Former School: _____

Address: _____

Telephone # _____

Registrar Email : _____