

**ALLENDALE PUBLIC SCHOOLS
ALLENDALE, NEW JERSEY 07401
REQUEST FOR STUDENT RECORDS**

The following student has enrolled in our school:

Name _____ Today's Date _____

Date of Birth _____

Current Grade _____

Signature of Parent or Guardian _____

Requesting student records from:

School Name _____

Address _____

City/State/Zip _____

Phone Number _____ Fax Number _____

(Please include the ten digit State ID Number (SID) if transfer is from a NJ public school)

Student's NJ State ID Number

**Please forward all academic, behavioral/discipline, and health records and
any IEP or 504 plan to:**

_____ **Hillside School (Grades K-3)**

Attn: Main Office

89 Hillside Ave.

Allendale, NJ 07401

OR

_____ **Brookside School (Grades 4-8)**

Attn: Main Office

100 Brookside Ave.

Allendale, NJ 07401

Please include the ten digit State ID Number (SID) if transfer is from a NJ Public School