

Montclair Public Schools

Student Registration Forms

Records Release Form

Student's Name: _____

Student ID: _____

Address: _____

State, Zip Code Montclair, NJ 07042

Date of Birth: _____

Grade: _____

Name of Former School: _____

School Address, City, State, Zip Code: _____

Has the student ever been referred to the Child Study Team? _____ Yes _____ No

Records to be released (if they are available):

- | | |
|--|---|
| <input type="checkbox"/> Transcript of Grades | <input type="checkbox"/> Child Study Team Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Original State Health Records and Appraisal Card and any other medical information |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> All other records that would assist with the educational program |
| <input type="checkbox"/> PARCC Assessment Scores/High School Proficiency Test Scores | |

Please send the above items to: Montclair Public Schools

22 Valley Road

Montclair, NJ 07042

****In addition to the release of the above records to which you consent, we will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, and disciplinary records as per N. J. A.C. 6:3-6:5.**