



ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

51 West North Street, Clayton, New Jersey 08312 • 856-881-0067 • www.smrsonline.com

Request for Pupil Records 2022-2023

School Transferred From: _____ Date: _____

School Address: _____ City: _____ State: _____ Zip: _____

The above-named school is authorized to release the school records of the student listed below who has recently enrolled at St. Michael the Archangel Regional School.

Name of Student: _____ Grade (In Sept): _____

Student's Date of Birth: _____

Records to be Released:

Cumulative School Record _____ X _____

Health/Medical Records _____ X _____

Immunizations _____ X _____

Attendance Information _____ X _____

Psychological Records (If Applicable) _____ X _____

Transfer Card _____ X _____

Child Study Team Report _____ X _____

Other (Specify) _____

Records to be Sent to:

St. Michael the Archangel Regional School
51 W. North Street
Clayton, NJ 08312

Or Fax to 856-881-4064

I have enrolled _____ in St Michael the Archangel Regional School, Clayton, NJ and give permission to the authorized personnel to secure all records listed above regarding this student.

Parent/Guardian Signature: _____ Date: _____