



JACKSON SCHOOL DISTRICT
151 Don Connor Boulevard
Jackson, NJ 08527
(732) 833-4600

Nicole Pormilli, Superintendent of Schools

<input type="checkbox"/> Jackson Liberty High School	125 North Hope Chapel Road, Jackson, NJ 08527/Fax 732-415-7008
<input type="checkbox"/> Jackson Memorial High School	101 Don Connor Blvd., Jackson, NJ 08527/Fax 732-833-4639
<input type="checkbox"/> Goetz Middle School	835 Patterson Road, Jackson, NJ 08527/Fax 732-833-4740
<input type="checkbox"/> McAuliffe Middle School	35 South Hope Chapel Road, Jackson, NJ 08527/Fax 732-833-4729
<input type="checkbox"/> Crawford-Rodriguez Elementary School	1025 Larsen Road, Jackson, NJ 08527/Fax 732-833-4759
<input type="checkbox"/> Elms Elementary School	780 Patterson Road, Jackson, NJ 08527/Fax 732-833-4739
<input type="checkbox"/> Holman Elementary School	125 Manhattan Street, Jackson, NJ 08527/Fax 732-833-4789
<input type="checkbox"/> Johnson Elementary School	1021 Larsen Road, Jackson, NJ 08527/Fax 732-833-4769
<input type="checkbox"/> Rosenauer Elementary School	60 Citadel Drive, Jackson, NJ 08527/Fax 732-833-4779
<input type="checkbox"/> Switlik Elementary School	75 West Veterans Highway, Jackson, NJ 08527/Fax 732-833-4672

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student: _____

Date of Birth: _____ Enrolling in Grade: _____

The above student has enrolled in the Jackson Township School District. Please send the following student information to the school indicated above as soon as possible:

- **Health Records** (originals if coming from within New Jersey required)
- **Transcript of Academic Records** (including grades to date of withdrawal)
- **Standardized Test Records** (including NJSLA/ ACCESS 2.0)
- **Special Service Records** (may be mailed directly to our Child Study Team)
- **Discipline Records** (if the student has been involved in offenses involving weapons, alcohol or drugs, or willful affliction of injury to persons or an act of violence against persons and/or property committed on school premises, at school or school sponsored activity, please forward appropriate disciplinary documentation.)

If applicable, please check below:

_____ This student is registered as bilingual and/or English as a Second Language (ESL) as per 6A:15 Bilingual Education Code.

_____ This student is registered as homeless as per NJAC 6A:17-2.9(a). As the school district of origin, a tuition contract will be sent upon completion of registration if previous school is in New Jersey.

_____ This student is registered as a tuition student. As the district of residence, a tuition contract will be sent upon completion of registration.

Previous School: _____

Address: _____

I HEREBY GIVE MY PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Signature of Parent/Guardian: _____

Signature of Student 18 or older: _____

The information contained in this document is private and confidential and intended only for the person(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or any other use of the information is strictly prohibited. The information contained herein also is not subject to disclosure under the New Jersey Open Public Records Act (OPRA).