Ventnor Educational Community Complex
400 North Lafayette Avenue
Ventnor, NJ 08406

Request for Student Records

Name of Previous School: _____

Address of Previous School: _____

_____

Regarding: _____

Name of Student **Grade** **DOB**

The above name student has entered our school system. Please send all academic records including:

Transcripts of school records, standardized test results, health records, discipline records, child study team records and any other information that may help in placing this student in our school. All records should be mailed to the address above.

AUTHORIZATION FOR RELEASE OF RECORDS

_____ _____

Parent/Guardian (please print) **Relationship to Student**

_____ _____

Signature **Date**

In addition, please indicate if the student is involved in any of the following:

Basic Skills _____ **Reading _____** **Writing/Communication_____** **Math _____**

Child Study _____ **Speech Therapy _____** **Resource Center Instruction _____**

Mail to: Ventnor Educational Community Complex
400 N Lafayette Avenue
Ventnor City, NJ 08406

Contact Information:

Ventnor Elementary School	609-487-7900 ext. 5000	Fax#: 609-823-4036
Ventnor Middle School	609-487-7900 ext. 5200	Fax#: 609-822-5840