Nehaunsey Middle School 415 Swedesboro Road Gibbstown, NJ 08027 856-224-4920 ext 2140 Fax 856-224-5765 Mr. Ryan Hudson, Principal Broad Street School 255 West Broad Street Gibbstown, NJ 08027 856-423-0490 ext 1131 Fax 856-423-7945 Alisa Whitcraft, Principal

PARENTAL PERMISSION AND TRANSFER INFORMATION

| I hereby give permission for | to release all academic and health |
|---|---|
| (Name o | f School) to release all academic and health |
| records on | to |
| (Name of Student) | to (Name of School) |
| I also authorize the release of any Child Study Team ev | aluations, IEPs, or other relevant information for placement or |
| evaluative purposes. | |
| | x |
| | Parent/Guardian Signature |
| | Date: |
| | |
| Student current address: | Telephone Number: |
| | |
| Student forwarding address: | Telephone Number: |
| | |
| School that student is transferring to/from: | |
| Name: | County: |
| Address: | District: |
| Telephone Number: | |

| | GREENWICH TOWNSHIP SCHOOL DISTRICT 415 Swedesboro Road, Gibbstown, NJ 08027 |
|-----------------|--|
| | ADDITIONAL INFORMATION NECESSARY WITH STUDENT TRANSFER CARD |
| Name of Pare | nt or Guardian: |
| Current Addre | ess: |
| | ddress: |
| Our Living Site | uation in New Address: |
| | Purchasing a house, condo, etc. |
| | Renting a house with only your immediate family |
| | Living with a family member or friend, due to lack of housing |
| | Other, please list i.e. motel, shelter, etc. |
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