



MIDDLESEX COUNTY STEM CHARTER SCHOOL

RELEASE OF RECORDS FOR INCOMING STUDENTS

Name of Child(ren)	Grade	Date of Birth

Please provide the name and address of the school your child(ren) attended prior to moving to the Middlesex County STEM Charter School:

School Name: _____

Address: _____

Phone: _____

The above referenced child(ren) has/have been registered in the Middlesex County STEM Charter School for the _____ school year. Please send any scholastic, medical, speech therapy and CST records you may have to the school the child will be attending.

Your prompt attention to this matter is greatly appreciated.

Signature of Parent or Guardian

Date

Please forward all records to:

*Middlesex County STEM Charter School
430 Market Street, Perth Amboy, NJ 08861
ATTN: Student Records*