



# 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  
613 Carlock Ave, Perth Amboy, NJ 08861  
ATTN: Student Records*