

**PARK RIDGE PUBLIC  
SCHOOLS**

85 Pascack Road  
Park Ridge, NJ 07656

Phone: 201-573-6000

**New Student Registration  
Records Request Form**

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  Female  Male

**Previous School**

Name of School \_\_\_\_\_  Public  Private  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School Phone Number \_\_\_\_\_ School FAX Number \_\_\_\_\_  
Last Day Student Attended \_\_\_\_\_

**Official Records To Be Released**

**Grades/Transcript - District/State Assessments - Medical/Immunization Records  
Special Education Records – Disciplinary Records**

NJ State ID: \_\_\_\_\_ Is student in an ESL/Bilingual Program?  Yes  No

**I hereby give permission for release of the above records and for the school district to contact my child's former district for further information. In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Send Record Information to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_ Received By: \_\_\_\_\_  
Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_