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|  | **Saint Michael School**27 Crittenden StreetNewark, NJ 07104Phone: 973-482-7400http://t1.gstatic.com/images?q=tbn:ANd9GcTKzZE74fqG2ymEdImiziqmpRICnulHehaRxrWTpHNnviJpAyQM:0.tqn.com/d/webclipart/1/0/V/i/4/penguin9.gifhttp://t1.gstatic.com/images?q=tbn:ANd9GcTKzZE74fqG2ymEdImiziqmpRICnulHehaRxrWTpHNnviJpAyQM:0.tqn.com/d/webclipart/1/0/V/i/4/penguin9.gifFax: 973-482-1833[www.smsnwk.org](http://www.smsnwk.org)“We’re Talking Proudly”  |
| **The student(s) listed below has/have enrolled in St. Michael School for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
| **Student’s Last Name** | **Student’s First Name** | **Date of Birth** | **Entering****Grade** | **Name of School** **Phone Number****child attended last year** | **Address****City/State** |
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**I hereby authorize the sending of all school records regarding my child to St. Michael’s School.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please forward all **Academic Records**, **Test Scores** and \***Original Health Records/A45** and any other pertinent information to:

 St. Michael School Attn: School Secretary

 Attn: School Secretary OR Fax to: 973-482-1833

 27 Crittenden Street

 Newark, NJ 07104

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**\*According to the “New Jersey Guidelines for School Health Services” (Pg. 71) the original A-45 health record of each student must follow that student when he/she transfers to another school. Therefore, we are requesting the health records of the above student(s), who are presently enrolled in our school.**