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| --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Saint Michael School**  27 Crittenden Street  Newark, NJ 07104  Phone: 973-482-7400  [http://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.gif](http://www.google.com/imgres?q=penguins+clipart&hl=en&safe=strict&biw=1920&bih=927&tbm=isch&tbnid=YB2NGxe_jrB1CM:&imgrefurl=http://webclipart.about.com/library/clip12/blpenguin2.htm&docid=Gs7Kv842CSEWZM&imgurl=http://0.tqn.com/d/webclipart/1/0/V/i/4/penguin9.gif&w=220&h=185&ei=AnF9UOrAL4q80QGHgIGYCw&zoom=1&iact=hc&vpx=384&vpy=323&dur=494&hovh=148&hovw=176&tx=82&ty=89&sig=112102664875070593476&page=1&tbnh=124&tbnw=125&start=0&ndsp=57&ved=1t:429,r:12,s:0,i:107)Fax: 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*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.**