



South Harrison Township Elementary School District

Dr. James J. Lavender
Superintendent of Schools

Dr. Corinne Sannino
Principal

REQUEST FOR ACADEMIC AND HEALTH RECORDS

To Whom It May Concern:

_____, Grade ____ has recently been enrolled at the South Harrison Township Elementary School.

Please forward to us all academic and health records for this student (including Child Study Team and Speech records, if any) so that we may have a better understanding of the child and assist his or her transition into our school district.

Thank you for your immediate attention to this request.

Very truly yours,

School Secretary

The South Harrison Township School District has my permission for you to send the above records to them.

Parent/Guardian's Signature

Committed to Excellence