Goshen Central School District

Request for Records

(and Special Education)

Previous School:

_____

_____

_____

Date: _____

Student: _____

Dear Sir:

The above named student enrolled in our district today and will be entering grade _____, starting on _____. Please send us the following information as soon as possible.

Scholastic Record:
(final grades or grades to date of the present year; explanation of marking system)
Standardized Test Results:
(aptitude and achievement; New York schools should include results of Regents Exams)
Student Discipline Records
Health Records
Psychological reports, if any
Family data and other pertinent data
Indicate whether this student is in need of any special psychological, medical or educational services. Yes ____ No ____
504 Plan Yes ____ No ____
Other
_____

☐ **SPECIAL EDUCATION RECORDS:**
Please release all of the following:

* Current I.E.P.
Academic Reports
Psychological Records
Psychological Evaluation
O.T. and/or P.T. Prescription
Achievement Testing
Speech Reports
O.T. Evaluation/Report
P.T. Evaluation/Report
Other _____

Send Sp. Ed Records to
Deirdre Hallinan, Interim Dir.
Goshen Central School Dist.
Pupil Personnel Dept.
41 Lincoln Ave. Annex
Goshen, N.Y. 10924
(845) 615-6450 or
Fax: (845) 615-6455

PARENT'S AUTHORIZATION TO SEND RECORDS

I authorize you to send / fax all school records regarding my child (named above) to the school circled below:

Scotchtown Avenue School	Goshen Intermediate School	C. J. Hooker Middle School	Goshen High School
120 Scotchtown Avenue	13 McNally Street	41 Lincoln Avenue	222 Scotchtown Ave.
Goshen, N.Y. 10924	Goshen, N.Y. 10924	Goshen, N.Y. 10924	Goshen, N.Y. 10924
Fax: 845-615-6610	Fax: 845-615-6505	Fax: 845-615-6333	Fax: 845-615-6116

_____ _____

Signature of Parent / Guardian **Date**