

WAPPINGERS CENTRAL SCHOOL DISTRICT
167 Myers Corners Road, Suite 220
Central Registration
Wappingers Falls, NY 12590
(845) 298-5000 x 40132

RELEASE OF STUDENT INFORMATION

Date: _____

Dear Principal,

The following student has enrolled in the Wappingers Central School District. **Please forward copies of records, including cumulative records, psychological evaluations, test scores, health, and any other pertinent information to the address indicated below.**

ESL Students – If this student was previously enrolled in a New York State school, and was in an ESL or Bilingual Program, please include LAB R or NYSESLAT test score.

Thank you for your attention to this request.

Student Name: _____ Date of Birth: _____

Address: _____

School: _____ Grade: _____

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT _____ DATE _____

Please fax records to: 845-298-5083

Wappingers Central School District
Central Registration 167 Myers
Corners Road Wappingers Falls, NY
12590

- Birth Certificate
- Immunizations
- Transcript IEP /
- 504

Previous school information:

Name of School:

_____ Address:

_____ Telephone

(____) _____ Fax:

(____) _____