

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804
 203-775-7700
 brookfield.k12.ct.us



STUDENT RECORDS RELEASE FORM

I hereby give my permission for my child's school records to be released to the Brookfield Public School District.

 (Please Print) Parent/Guardian

 Date

 Parent/Guardian's Signature

 Parent Phone Number

 Name of Student

____/____/____
 Date of Birth

 Sending School:
 (Name of Last School Student Attended)

 Last Grade Level Completed

 (Address)

 City

 State

 Zip Code

(____) _____
 Phone

(____) _____
 Fax

Please include all items checked below.

<input type="checkbox"/> Academic Record (Report Card/Transcript/Withdrawal Grades)	<input type="checkbox"/> 504
<input type="checkbox"/> Individual Education Programs	<input type="checkbox"/> Health Record
<input type="checkbox"/> Speech /Hearing/Language Evaluations	<input type="checkbox"/> Educational Evaluations
<input type="checkbox"/> Other Pertinent and/or Confidential Information	<input type="checkbox"/> Psychological Evaluations
<input type="checkbox"/> Testing Scores (Standardized or Special Education)	<input type="checkbox"/> Special Education File
<input type="checkbox"/> Discipline Records	
<input type="checkbox"/> ESL placement/exit info;LAS Scores(or WIDA);ESL Screening/Proficiency Level	

Please send information to selected school.

<p>Center Elementary School ___ 8 Obtuse Hill Road Brookfield, CT 06804 203-775-7650 203-775-7672 fax</p>	<p>Huckleberry Hill Elementary School ___ 100 Candlewood Lake Road Brookfield, CT 06804 203-775-7675 203-775-7684 fax</p>
<p>Whisconier Middle School ___ 17 West Whisconier Rd Brookfield, CT 06804 203-775-7710 203-775-7615 (fax)</p>	<p>Brookfield High School ___ 45 Longmeadow Hill Road Brookfield, CT 06804 203-775-7725 203-775-7757 fax</p>

Thank you for your cooperation in this regard. It is greatly appreciated.