

**REGISTRAR of ELEMENTARY STUDENTS
COOPERSTOWN CENTRAL SCHOOL
21 WALNUT STREET
COOPERSTOWN, NY 13326
Phone: 607-547-9976 Fax: 607-547-4427**

To: Previous School Attended _____
Name of School

Address of School

Phone/Fax # of School

The following student(s) plan to enroll in our program. Please send the following information.

Name _____ Date of Birth _____ Grade Entering _____

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- ____ 1. Permanent Record/Transcript of grades /Cumulative Folder
- ____ 2. Health Records (include Physical)
- ____ 3. Psychological Reports
- ____ 4. IEP/504/Evidence of screening for special education services
- ____ 5. Grades to date of transfer
- ____ 6. Please include specific data regarding:
 - a. State Assessment Scores
- ____ 7. Explanation of grading system (Passing Grade)
- ____ 8. Custody or Guardianship papers

Please notify withdrawal date used: _____

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such a release. Consent and notification are not required when the school includes a notice in its policy that it forwards educational records on request to a school in which a student seeks or intends to enroll.

Parent/Guardian Signature _____ Date _____

Principal/Counselor or Designee Signature _____

Elementary School Fax (607-547-4427) or Email (msenk@cooperstowncs.org) Attn: Registrar

Elementary School Principal: Tracy Durkee