

Joseph R. Dawe, Jr. Elementary School
131 Pine Street
Stoughton, MA 02072
Phone: (781) 344-7007
Fax: (781) 344-8271

REQUEST FOR RECORDS

Student Name: _____

Grade: _____ Date of Birth: _____

Former School: _____

Address: _____

City/Zip: _____

Please forward the following records and any additional information to help in making the proper educational placement.

Transfer Card _____

Cumulative Record _____

Health Record _____

Achievement Test Records _____

IEP/504/Spec. Ed. File _____

SASID Number _____

I give my permission for the Stoughton Public Schools personnel to give and receive oral and written information about my child and for the above information to be released to the Joseph R. Dawe, Jr. Elementary School.

Parent/Guardian Signature

Date