



The School District of Haverford Township

RELEASE OF STUDENT RECORDS

Student: _____ DOB: _____ Grade at time of withdrawal: _____

Parent/Guardian: _____

Address: _____ Phone: _____ Home – Cell – Work

Phone: _____ Home – Cell – Work

Email: _____

Previous School of Enrollment

School: _____ Date of withdrawal: _____
Address: _____ Phone: _____

Fax: _____

Email: _____

Parent/Guardian Consent

I hereby provide The School District of Haverford Township my informed consent to request any and all student records (i.e., academic, testing, assessment, screening, health, medical, attendance, discipline, special education, gifted, 504, English Learner, counseling, psychological, psychiatric) pertaining to my child for the purpose of student registration and enrollment.

Parent/Guardian Signature: _____ Date: _____

The School District of Haverford Township

- | | |
|---|---|
| <input type="radio"/> Chatham Park Elementary – Fax: 610-853-5974 | <input type="radio"/> Haverford Middle School– Fax: 610-853-5937 |
| <input type="radio"/> Chestnutwold Elementary – Fax: 610-853-5979 | <input type="radio"/> Haverford High School– Fax: 610-853-5952 |
| <input type="radio"/> Coopertown Elementary – Fax: 610-853-5976 | <input type="radio"/> Pupil Services Department – Fax: 610-853-5936 |
| <input type="radio"/> Lynnewood Elementary – Fax: 610-853-5977 | |
| <input type="radio"/> Manoa Elementary – Fax: 610-853-5978 | |