

Dear Parents:

If you are planning a move, transfer cards need to be issued to your child's new school. Could you please complete the following information and return it to Signal Hill School as soon as possible? Also attached is an Authorization for Release of School Records. Please complete this form and sign it so that we will be able to release your child's records to their new school.

Thank you in advance for your cooperation.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

**School that the student is transferring to:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ District: \_\_\_\_\_

If mailing form, please send to:

Signal Hill School  
33 Signal Hill Drive  
Voorhees, NJ 08043  
Attn: Mrs. Linda Hummel

**Voorhees Township Public Schools**

**Signal Hill School  
33 Signal Hill Drive  
Voorhees, NJ 08043  
856-767-6749  
Fax: 856-767-6221**

**Request for Transcript of School Records**

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Name of School or District

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Street Address

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City

State

Zip Code

*In accordance with the New Jersey Administrative Code – Inspection of School Records, the above-named school is hereby authorized to release to the school named above all school records, including grades and health records as well as medical, psychological, social, educations, or developmental information regarding:*

**Name of Child**

\_\_\_\_\_ (M) (F) Grade \_\_\_\_\_ Born On \_\_\_\_\_

\_\_\_\_\_ (M) (F) Grade \_\_\_\_\_ Born On \_\_\_\_\_

\_\_\_\_\_ (M) (F) Grade \_\_\_\_\_ Born On \_\_\_\_\_

\_\_\_\_\_ (M) (F) Grade \_\_\_\_\_ Born On \_\_\_\_\_

\_\_\_\_\_ (M) (F) Grade \_\_\_\_\_ Born On \_\_\_\_\_

Please send us the school records which you have for the above-named children who enrolled in our school on \_\_\_\_\_.

Date

Sheila D. Ferreri, Principal  
Signal Hill School  
33 Signal Hill Drive  
Voorhees, NJ 08043