



STERLING HIGH SCHOOL

Guidance Office
501 S. Warwick Road
Somerdale, NJ 08083
856-784-1335



STUDENT RECORD RELEASE FORM

School Choice Applicant

Student Name: _____

Current School Attending: _____

Address of Current School: _____

The above named student is applying to the Sterling High School Choice School Program. In order to make the appropriate placement, please EMAIL or FAX academic reports, records, achievement test score results, health records, discipline records, any Child Study Team records and evaluations, as well as any pertinent information as soon as possible. All permanent records will be requested at a later date after acceptance is determined.

Sterling High School
Attn: Julia Haughwout, Registrar
Guidance Office
501 S. Warwick Road
Somerdale, NJ 08083

Email: jhaughwout@sterling.k12.nj.us
Fax: (856) 627-9687
Phone: (856) 784-1335

We appreciate your prompt attention to the request in order that we may best serve the needs of this student.

Thank you for your cooperation.



I hereby give permission to Sterling High School to secure and/or release student records from and to whomever the professional staff considers would be in the best interest of my child.

Parent/Guardian Signature

Date