

# SWEDESBORO-WOOLWICH SCHOOL DISTRICT

ADMINISTRATION OFFICES  
15 FREDRICK BOULEVARD  
WOOLWICH TOWNSHIP, NJ 08085  
Phone: 856-241-1552 Fax: 856-467-7041

**Kristin P. O'Neil, Ed. D**  
**Superintendent of Schools**

**Christopher J. DeStratis**  
**School Business Administrator**

## PARENTAL PERMISSION AND TRANSFER INFORMATION

I give permission for Swedesboro-Woolwich School District to release all academic, health, and any additional records, which would help in the placement of:

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Name of School*

For office use only: School personnel to complete

\_\_\_\_\_  
*Local ID*

\_\_\_\_\_  
*State ID*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

### Current Address:

\_\_\_\_\_  
*Street Address*

( )

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*City, State*

\_\_\_\_\_  
*Zip Code*

### Student's Forwarding Address:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*City, State Zip Code*

### School That Student is Transferring to:

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*District*

\_\_\_\_\_  
*City, State Zip Code*

\_\_\_\_\_  
*Telephone and Fax Number*