

**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS**

*Baker Elementary School, 139 W. Maple Avenue*

*Moorestown, New Jersey 08057*

*(856) 778-6630*

*FAX (856)778-4412*

*Mrs. Shelly Rowe  
Principal*

**REQUEST FOR RECORDS**

ATTENTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our school has enrolled \_\_\_\_\_ in grade \_\_\_\_\_ for  
the \_\_\_\_\_ school year.

In order to make the appropriate placement, may we please have academic reports,  
records, achievement test score results, health records, discipline records, and any  
additional information sent to the address below:

Baker Elementary School  
139 W. Maple Avenue  
Moorestown, N.J. 08057

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 give permission for my child's records to be transferred to Baker Elementary School.

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