

# East Windsor Public Schools

East Windsor High School  
76 South Main Street  
East Windsor, CT 06088  
Phone: (860) 623-4426  
Fax: (860) 623-0389

East Windsor Middle School  
38 Main Street  
Broad Brook, CT 06016  
Phone: (860) 623-4488  
Fax: (860) 654-1915

Broad Brook Elementary School  
14 Rye Street  
Broad Brook, CT 06016  
Phone: (860) 623-2433  
Fax: (860) 623-0717

\*Special Education Department  
70 South Main Street  
East Windsor, CT 06088  
Phone: (860)623-3347 x 7403  
Fax: (860) 292-6817

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## **AUTHORIZATION TO RECEIVE INFORMATION-ENROLLMENT**

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I hereby authorize East Windsor Schools and its personnel to:

### **RECEIVE FROM:**

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

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

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

### **The Following Information:**

\_\_\_\_\_ Educational Record including:

A *Name, Address, DOB, Grade, Academic*

B *\*IEP, PPT, Test Records & Counselor Observations*

C. *504 Records*

\_\_\_\_\_ Health Records

\_\_\_\_\_ Discipline Records:

\_\_\_\_\_ *\*School Psychological or Social Work Reports*

\_\_\_\_\_ *\*Confidential Reports from an Outside Agency*

\_\_\_\_\_ *Language Proficiency Records (LAS, WIDA, ACCESS, etc...)*

### **Note To School Official**

*When sending records, please indicate below if student has a discipline record:*

\_\_\_ **YES**      \_\_\_ **NO**

*If **YES**, please include, as start date cannot be determined without such records.*

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**\*\*Student will not be allowed to start school until all items are received from sending school.**