

Sagaponack Common School
P. O. Box 1500
Sagaponack, NY 11962
Telephone (631) 537-0651
Fax (631) 537-2342

Date: _____

To Whom it May Concern:

_____ has registered in the ____ grade in our school.

Please send us the following information for our records.

1. A copy of all grades while attending your school.
2. Transcripts for any previous schools, if a transfer student.
3. Current Health records.
4. Any standardized testing: IQ and/or Achievement Tests.
5. Psychological reports if any.
6. Any IEP or CSE/Annual Review information.
7. An overall summary from the student's classroom teacher.
Feel free to ask the teacher to call me during school hours (8:00 am to 3:00 pm) should it be more convenient. (631) 537-0651.
8. Complete the Student Survey sheet enclosed with this letter.
9. Any other pertinent information that you feel would assist us in placing this student.

I am acknowledging and requesting that my child's records to be released to the Sagaponack Common School at your earliest convenience.

Parent's Signature: _____

Date: _____

Thank you for your cooperation and assistance in this matter.

Sincerely,

Diana McGinniss
Head Teacher, Sagaponack Common School