



SCHOHARIE ELEMENTARY SCHOOL

Andrea L. Polikoski
Elementary Principal
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PO Box 430, 126 Academy Drive
Schoharie, NY 12157
Phone: 518-295-6651
Fax: 518-295-9506

Authorization for the Release or Transfer of Records

Student Name: _____

Current Grade: _____

Name and address of school **last attended:**

School: _____

Address: _____

City, State, Zip code _____

Phone Number: _____

Fax Number: _____

Signature of Parent or Guardian

Date

Print Name Above

Relationship to Student

The above student has enrolled in the Schoharie Central School District. Please forward the following information at your earliest convenience.

Please submit **ALL APPLICABLE RECORDS** including:

1. All Report Cards
2. Birth Certificate
3. Cumulative Health Records/
Immunization Records
4. All Standardized Test Scores
5. Special Education Records
6. Psychological Report
7. Attendance Records
8. Discipline Records
9. 504 Plan

Please Send Records to: Schoharie Elementary School
PO Box 430, 126 Academy Drive
Schoharie, NY 12157
Fax: 518-295-9506

Vanessa Repicky – Office and Keyboard Worker
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kgannon@schoharieschools.org 518-295-6652