

(Parents/Guardians - please fill this form out and return to MaST II Charter School; not the child's current school. Applicable for grades 1 through 4)

Student Name: _____

DOB: _____



Math, Science & Technology Community Charter School II

Permission for Request of Student Records

Date: _____

To: _____ School
Name of Sending School

Dear Admit/Dismiss Personnel:

As of _____, we admitted _____
Date of Admittance Name of Student

to MaST Community Charter School II. His/her date of birth is: _____.

He/she is in grade _____.

Please forward a copy of his/her pupil packet (and all medical/dental and immunization information, special education records including educational, psychological, psychiatric, and neurological reports, as applicable) to us as soon as possible at the following address:

Jessica Gotlieb
Mathematics, Science and Technology Community Charter School II
6238 Rising Sun Avenue
Philadelphia, PA 19111
Telephone: 215-398-7960

Please release my child's pupil packet and records to MaST Community Charter School.

Name of child: _____

Signature of parent/guardian: _____

Date: _____

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