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**Cold Spring Harbor CSD**

**Request for School Records**

**Students Entering Grades 1-6**

**To: Guidance Department/Main Office** (of the most recent school this student is attending or has attended)

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Sir or Madam,

I have registered my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in grade \_\_\_\_\_\_ to begin school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Cold Spring Harbor CSD.

Please forward the following information to Cold Spring Harbor at the address circled below as soon as possible:

* All standardized test results
* Scholastic records including: completed courses with FINAL grades
* Report card to date for the current academic year
* School profile with explanation of the grading system(If Applicable)
* Explanations of abbreviations of course titles

Thank you very much for your kind assistance.

**Please mail the requested information to (Circle the appropriate school)\*:**

**\***at registration you will be informed of the school your child will be attending

West Side School

Grade 2-6

1597 Laurel Hollow Road

Syosset, NY 11791

P 516-692-7900

F 516-692-4845

Goosehill Primary School

Grade 1 Only

75 Goosehill Road

Cold Spring Harbor, NY 11724

P 631-367-5940

F 631-367-2157

Lloyd Harbor School

Grades 2-6

7 School Lane

Huntington, NY 11743

P 631-367-8800

F 631-421-4229

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Parent’s Signature