



**Tim O. Mains, Superintendent of Schools**  
Donna Geidel, Assistant Superintendent for Instruction  
Michael Pacella, Assistant Superintendent for Business

## Request for Records Form

Name/Address of Previous School: \_\_\_\_\_

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Previous School Fax Number: \_\_\_\_\_

Please be advised that the following child, who attended your school, has enrolled in the Pine Bush Central School District effective \_\_\_\_\_. Please remove them from your district prior to this date.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Please forward all educational records, current classroom and transfer grades, test scores, health records, birth certificate, psychological and/or psychiatric, IEPs, medical reports, disciplinary records and any other pertinent information which will assist us in placing this student to:

Pine Bush High School  
Attn: Counseling Office  
PO Box 670  
Pine Bush, NY 12566  
845-744-2031 ext. 3500  
Fax 845-744-8586

Circleville Elementary  
PO Box 43  
Circleville, NY 10919  
845-744-2031 ext. 5500  
Fax 361-2136

Pakanasink Elementary  
PO Box 148  
Circleville, NY 10919  
845-744-2031 Ext. 5700 Fax  
845-361-3816

Crispell Middle School  
Attn: Counseling Office  
PO Box 780  
Pine Bush, NY 12566  
845-744-2031 ext. 4404  
Fax 845-744-6483

Special Programs  
PO Box 700  
Pine Bush, NY 12566  
845-744-2031 ext. 4800  
Fax 845-744-2241

EJ Russell Elementary  
PO Box 730  
Pine Bush, NY 12566  
845-744-2031 ext. 4200 Fax  
845-744-3308

Circleville Middle School  
Attn: Counseling Office  
PO Box 143  
Circleville, NY 10919  
845-744-2031 ext. 5605  
Fax 845-361-1385

Pine Bush Elementary  
PO Box 899  
Pine Bush, NY 12566  
845-744-2031 ext. 4300  
Fax 845-744-8092

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I hereby authorize the release of all of the above named records.

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_