



# Califon Public School

*"Making Their Lives Extraordinary"*



**Michele Cone Ed.D.**  
*Chief School Administrator*

**Cheryl Zarra**  
*Business Administrator*

## Student Record Information Release Form

I give consent to the release of information regarding: \_\_\_\_\_,

please forward to Califon Public School  
6 School Street  
Califon, NJ 07830

Please include two years of the following:

- Transcript and Academic Record
- Grades to Date
- Attendance Record
- Results of Mandated Tests
- Disciplinary Record

Parents Printed name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign and submit this form to your child's current School District.**

*6 School Street, Califon, NJ 07830 Phone: (908) 832-2828 Fax: (908) 832-6719*  
[www.califonschool.org](http://www.califonschool.org)