



Global Experience Magnet School

Student Registration Form

Bloomfield Public Schools
44 Griffin Road South
Bloomfield, CT 06002
(860) 769-6600
www.globalexperiencemagnetschool.org

REQUEST FOR RELEASE OF RECORDS

DATE: _____

TO: _____

(NAME OF SCHOOL YOUR CHILD LAST ATTENDED)

(ADDRESS OF LAST SCHOOL ATTENDED)

(PHONE NUMBER & FAX NUMBER OF LAST SCHOOL ATTENDED)

STUDENT NAME: _____ DOB: _____

Please forward all cumulative and medical records to:

Global Experience Magnet School
44 Griffin Road South
Bloomfield, CT 06002

If your student also received special education services, please send CONFIDENTIAL records to:

Bloomfield Public Schools
Director of Pupil Services Department
1133 Blue Hills Avenue
Bloomfield, CT 06002

Signature: _____

(Parent/Guardian OR Authorized School Personnel*)

****Parental permission is no longer required when requested by authorized school personnel.***