

Cohoes City School District
Registration Office
7 Bevan Street
Cohoes, NY 12047

DATE: _____

To Former School _____ Fax Number _____

To Whom It May Concern:

(Name D. O. B. Grade)

The above named student(s) have requested to be enrolled in the COHOES CITY SCHOOL DISTRICT. **Please forward all school records including ACADEMIC, HEALTH, ATTENDANCE AND PSYCHOLOGICAL AND ANY OTHER PERTINENT INFORMATION to the school that is checked below :**

___ Cohoes High, Tiger Circle, Cohoes NY 12047 **fax 518-237-7410**, phone 518-237-9100 x 1425

___ Cohoes Middle, 7 Bevan St., Cohoes NY 12047 **fax 518-237-7127** phone 518-237-4131-x 2227

___ Abram Lansing, 26 James St. Cohoes, NY 12047 **fax 518-237-1879** phone 518-237-5044x3120

___ Harmony Hill, Madeline K. Hickey Way, Cohoes, NY 12047 **fax 518-237-1964** phone 518-233-1900x5222

___ Van Schaick, 150 Continental Ave. Cohoes, NY 12047 **fax 518-2337-3597** phone 518-2828 x4100

All Special Education Records should be sent to:

21 Page Avenue, Cohoes, NY 12047: Fax **518-237-2532** Mrs. Karen Kemp,
phone 518-237-0990

I hereby certify that I have been advised of the transfer of all school records of my child. I understand that all such information will be treated as confidential and privileged and used only for the purpose of giving help and guidance to persons working with my child.

signature _____
PARENT OR GUARDIAN

From Michele Smith, Registrar for Cohoes School District, 518-237-4131x2299.
Thank you.