



**Three Bridges School / Dr. Kristen Higgins, Principal**

P.O. Box 443 • 480 Main Street • Three Bridges, NJ 08887 • (908)782-2141 • (908) 349-3059 fax

Dear Principal,

\_\_\_\_\_ has entered Grade \_\_\_\_\_ in our school. In order to better serve the needs of this student, we would appreciate having the following information:

1. Cumulative record folder
2. Health folder
3. Child Study Team record folder
4. Teacher's evaluation in addition to report card
5. Transfer card

Any additional information not listed here which is available would be appreciated.

Sincerely,

Dr. Kristen Higgins  
Principal

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**Authorization for Transfer of School Records**

I hereby give permission to \_\_\_\_\_  
(School Name)

\_\_\_\_\_  
(School Address & Phone Number)

to forward to Three Bridges School the information that has been requested above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature