

**Sagaponack Common School**  
**P. O. Box 1500**  
**Sagaponack, NY 11962**  
Telephone (631) 537-0651  
Fax (631) 537-2342

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

To Whom it May Concern:

\_\_\_\_\_ has registered in the \_\_\_\_ grade in our school.

Please send us the following information for our records.

1. A copy of all grades while attending your school.
2. Transcripts for any previous schools, if a transfer student.
3. Current Health records.
4. Any standardized testing: IQ and/or Achievement Tests.
5. Psychological reports if any.
6. Any IEP or CSE/Annual Review information.
7. An overall summary from the student's classroom teacher.  
Feel free to ask the teacher to call me during school hours (8:00 am to 3:00 pm) should it be more convenient. (631) 537-0651.
8. Complete the Student Survey sheet enclosed with this letter.
9. Any other pertinent information that you feel would assist us in placing this student.

I am acknowledging and requesting that my child's records to be released to the Sagaponack Common School at your earliest convenience.

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

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

Thank you for your cooperation and assistance in this matter.

Sincerely,

Alan Van Cott  
Superintendent