

Greater Brunswick Charter School

STATE HEALTH CARD (A-45) RELEASE FORM

Date:

The state of New Jersey mandates that state records are maintained on a standardized form, which is referred to as an A-45 or State Health Card. This record is started when your child begins school and follows your child throughout their school career. This release form is to obtain an A-45 from the child's prior school. Please complete and sign this form to facilitate this process.

PRIOR SCHOOL OF STUDENT

School: _____ Grade _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

DATE OF REGISTRATION AT GBCS

Student's Name _____ DOB: _____ Grade: _____

As of _____ the student listed above is registered at Greater Brunswick Charter School
(Date)

I hereby give permission to send my child's A-45 to greater Brunswick Charter School.

Relationship to Student: _____

Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

In compliance with N.J.A.C.6A.16-15 "STUDENT" RECORDS PLEASE FORWARD THE ORIGINAL A-45 STATE HEALTH RECORD, to the address below. Please also include any recent physical exams.

Sincerely,

GBCS School Nurse