

WAINSCOTT COMMON SCHOOL DISTRICT  
47 Main Street – P.O. Box 79  
Waincott, New York 11975  
Phone (631) 537-1080 Fax (631) 537-6977

Dear Registrar:

Please forward all records concerning grade evaluation, testing, academic performance, health information, psychological evaluations and other pertinent information for \_\_\_\_\_, who was a \_\_\_\_\_ grade student in your school.

Your prompt attention to this request would be appreciated.

Sincerely,

Dr. Stuart Rachlin  
Superintendent

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**WAINSCOTT COMMON SCHOOL  
47 MAIN STREET  
P.O. BOX 79  
WAINSCOTT, N.Y. 11975  
(631) 537-1080**

**2017 / 2018**

**FIELD TRIP PERMISSION SLIP**

I give my child \_\_\_\_\_ permission to attend school field trips as they are planned throughout the year.

\_\_\_\_\_  
Parent Signature



Dear Parents,

It is important for us to know what your child's going home plans are each day. Please fill out below what your child's regular going home plan will be. We understand that plans can change. If that is the case we ask that you either send a note in with your child in the morning or phone the office (537-1080) before 2:30 p.m. Thanks so much! If you have any questions, please contact us.

Student Name \_\_\_\_\_

will usually:

\_\_\_\_\_ be picked up at dismissal

\_\_\_\_\_ go home on the bus