



Robert F. Murphy
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Swampscott High School

School Counseling Department

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School Counselor
Julie Mazzola
School Counselor
Sarah Kelley
Adjustment Counselor/504
Coordinator
C.E.E.B. 222-100

NEW STUDENT

REQUEST FOR RELEASE OF RECORDS TO SWAMPSCOTT HIGH SCHOOL

DATE: _____

STUDENT NAME: _____

This is to certify that I, _____
parent/guardian name

do hereby request that the **education/special education and health records** of the child

listed above be forwarded to: Swampscott High School
Guidance Office
200 Essex Street
Swampscott, MA 01907

School transferring from: _____

Signature of parent/legal guardian: _____

The Swampscott Public Schools does not discriminate against students, parents, employees or the general public. No person shall be excluded from or discriminated against in admission to the Swampscott Public Schools, or in obtaining the advantages, privileges and courses of study of the Swampscott Public Schools on grounds of race, color, religious creed, national origin, homelessness, sex, gender identity, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, genetic information, ancestry, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, and handicap. Additionally, the Swampscott Public Schools does not tolerate harassment based upon race, color, religion, national origin, homelessness, sex, gender identity or sexual orientation.