

STUDENT TRANSFER VERIFICATION FORM
Scotch Plains-Fanwood Public School District

Date of Transfer: _____ Name of District: _____ CDS code: _____
Name of Student: _____ Grade: _____ SID: _____
Name of School: _____ Date of Birth: _____
Name of Parent/Guardian: _____ Contact Phone number: _____
Student's Current Address: _____
Student's New Address: _____

I. Parent/guardian must complete the following information about the student's transfer and sign the form.

My son/daughter: _____ is transferring to (name of new school): _____
_____ in the following town, state or country: _____. I have checked the type of transfer on the list below and, where appropriate, I have provided the recommended documentation to the district.

Signature: _____ Print name: _____

II. Parent/guardian must check the type of transfer on the list below.

The district must keep this completed form with the required documentation attached on file as a student record that can be produced in an audit. Student transfers that are not documented must be counted as dropouts.

Check the Type of Transfer:

- _____ (T3) **Transfer to a nonpublic school within the state.** Documentation is a written request for student records from the nonpublic school or a written acknowledgement of receipt of the records by the nonpublic school. Date records are sent: _____
- _____ (T4) **Transfer to any public school outside the district but within the state.** Documentation is notation of the successful release of the SID to the receiving district. Date: _____
- _____ (T6) **Incarceration in a state or county entity with an educational program that leads to a regular high school diploma.** Documentation is an official request for student records and notation of successful release of the SID to the institution, where applicable. Date: _____
- _____ (T7) **Transfer to a state or county institution for the treatment of a physical, mental, or emotional disability.** Documentation is an official request for student records and notation of successful release of the SID to the institution, where applicable. Date: _____
- _____ (T8) **Transfer out of the state or country.** Documentation of transfer to a school in another state requires a written response from an official in the receiving school or program acknowledging the student's enrollment. Date: _____ Documentation of transfers out of the country is verified by the parent/guardian's signature above.
- _____ (T9) **Home-schooled.**
- _____ (TC) **Transfer to a charter school.** Documentation is notation of the successful release of the SID to the receiving charter school. Date: _____
- _____ (TD) **Transfer to a choice school.** Documentation is notation of the successful release of the SID to the receiving choice district. Date: _____
- _____ (T9) **Deceased** – The signature of the parent/guardian attesting that the student is deceased. Signature: _____

Within New Jersey a "Student Transfer Card" and the "Immunization Record" is needed to enter your new school.

C: [] Counseling [] Main Office [] CSI Data [] Media [] Nurse [] DOSS [] Attendance
BOE-Ann Chen