

BERNARDS TOWNSHIP PUBLIC SCHOOLS

101 Peachtree Road
Basking Ridge, NJ 07920
Telephone: 908-204-2600
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STUDENT TRANSFER VERIFICATION FORM

Name of District: _____

Name of School: _____

CDS code: _____

Date of Transfer: _____

Name of Student: _____ SID: _____

Name of Parent(s)/Guardian(s): _____

Contact phone number: _____

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

My son/daughter _____ is transferring to (name of school) _____ in the following town and 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:

_____ (T 3) 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 the records are sent: _____

_____ (T 4) 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: _____

_____ (T 6) 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: _____

_____ (T 7) 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: _____

_____ (T 8) 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 are verified by the parent/guardian's signature above.

_____ (T 9) Homeschooled.

_____ (T C) transfer to a charter school. Documentation is notation of the successful release of the SID to the receiving charter school. Date: _____

_____ (T D) transfer to a choice school. Documentation is notation of the successful release of the SID to the receiving choice district. Date: _____

_____ (D 9) Deceased – The signature of the parent or guardian attesting that the student is deceased: Signature: _____

Please note: If the student is returning to the district, proof of residency and updated health records must be provided to the District Registrar, Michele Vitiello before the student begins.