

BERNARDS TOWNSHIP PUBLIC SCHOOLS

Basking Ridge, NJ 07920

STUDENT TRANSFER VERIFICATION FORM

Please return this form to the school your child attends in district.

Name of District: Bernards Township School District

Name of School: _____

CDS code: 0350

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: _____

It is often helpful (for the purpose of forwarding information) for parents to provide the address of the residence they are moving to. Parents who wish to provide this information should do so in the space provided here.

Forwarding Address: _____

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: _____

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_____ (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.

OFFICE USE ONLY

When this form is received by the school that the child attends and is withdrawing from, it must be scanned and emailed to:

- Student's School Counselor
- Principal
- District Registrar
- District Database Manager
- Transportation
- Special Services