

CLIFTON PUBLIC SCHOOLS

**Department of Counseling
& Student Services
SPECIAL REQUEST FORM**

DEMOGRAPHIC DATA

STUDENT NAME _____ CURRENT SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME(S) _____

NEW ADDRESS _____ NEW SCHOOL _____

TELEPHONE: DAY _____ EVENING _____

CLIFTON ADDRESS OF RECORD _____

NATURE OF REQUEST:

- Non-resident request to complete school year in Clifton
- Resident requesting waiver of the “neighborhood school” policy to the end of the year
- Resident requesting waiver of the “neighborhood school” policy
- Other (describe)

REASON FOR REQUEST (State briefly):

Parent/Guardian Signature _____ Date: _____

Received by: _____ Date: _____

Return form to: Clifton Public Schools
Registrar’s Office, Department of Counseling & Student Services
745 Clifton Ave, Clifton, NJ 07013

Special Request Form
ADMINISTRATIVE DECISION

STUDENT WAS A LEGAL RESIDENT FOR PREVIOUS 12 MONTHS Yes No

STUDENT IS IN GRADES 5, 8, & 12 – ENROLLED AS OF OCTOBER 1 Yes No

PRINCIPAL SUPPORT (Name _____) Yes No

NON-RESIDENCY WAS DISCLOSED VOLUNTARY Yes No

INVESTIGATION REPORT (If Appropriate, attached)

DECISION RENDERED BY: Superintendent BOE Residency Committee

Date _____ Approved Denied

NOTIFICATION LETTER SENT (Date _____) CC: New School _____

Six Week period ends _____(Date)

APPEAL RECEIVED (Date _____)

Reviewed with: Superintendent BOE Residency Committee

Board Counsel

HEARING SET (Date _____)