CLIFTON PUBLIC SCHOOLS STUDENT TRANSFER VERIFICATION FORM

Student Name:	School:	Grade:	
Name(s) of Parent(s)/Guardian(s):		Relationship:	
Telephone #: () Email:	Date o	Date of Transfer:	
I.Parent/Guardian must complete the follow	ring information about the student's tra	nsfer and sign below.	
My son/daughter,	, is transferring to		
in the following town and state, or country: on the list below and, where appropriate, I have p	I have chec	cked the Type of Transfer	
PRINT Parent/Guardian Name	SIGNATURE of Parent/Guardian	Date	
Transfer Type: The district must keep this compression of that can be produced in an audit. Student Check the Type of Transfer: (T3) transfer to a nonpublic school Documentation is a written request for st	transfers that are not documented must be	counted as dropouts.	
•	ds by the nonpublic school. Date records are		
	utside the district but within the state. Iful release of the SID to the receiving district	t. Date:	
diploma. Documentation is an official red	nty entity with an educational program that I quest for student records and notation of suc Date:	ccessful release of the	
	nstitution for the treatment of a physical, me tudent records and notation of successful re	•	
receiving school or program acknowledgi	intry. another state requires a written response from the student's enrollment. Date: intry is verified by the parent/guardian's sign		
(T9) Homeschooled.			
(TC) transfer to a charter school. Documentation is notation of the success	sful release of the SID to the receiving charte	r school. Date:	
(TD) transfer to a choice school. Documentation is notation of the success	sful release of the SID to the receiving choice	district. Date:	
(D9) Deceased:	attesting the	hat the student is deceased.	
III. Office Use Only: CDS Code: STATE ID #	Completed By:	Date [.]	