

Fair Lawn Public Schools

37-01 Fair Lawn Avenue, Fair Lawn, NJ 07410

Phone: (201) 794-5500

www.fairlawnschools.org

STUDENT TRANSFER VERIFICATION FORM - 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.

Once completed, please email the student's building principal and secretary.

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District: Fair Lawn

CDS CODE: _____

Date of Transfer: _____

Student Name: _____ SID#: _____
(office use only)

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

Contact Phone Number(s): _____

I. Parent/Guardian must complete the following information regarding the student's transfer and sign the form:

My son/daughter _____ is transferring to (name of 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.

Parent/Guardian (Signature)

Parent/Guardian (Print Name)

II. Parent/ Guardian must check (✓) the type of transfer from 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) *A transfer to a non-public school within the state of NJ.* Documentation is a written request for student records from the non-public school or a written acknowledgement of receipt of the records by the non-public school.

Date the records are sent: _____

☐ (T 4) *A transfer to any public school outside the district, but within the State of NJ.* 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) *A 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) *A transfer out of the State of NJ 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: _____

☐ (T 9) *Homeschooled.*

☐ (T C) *A transfer to a charter school.* Documentation is notation of the successful release of the SID to the receiving charter school.

Date: _____

☐ (T D) *A 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/guardian attesting that the student is deceased.

Signature: _____