



**OFFICE OF THE SUPERINTENDENT  
HARRISON PUBLIC SCHOOLS  
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Director of Curriculum and Instruction

**STUDENT TRANSFER VERIFICATION FORM**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Proof of Age: Birth Certificate SID: \_\_\_\_\_  
(specify document)

Name of Parent (s) / Guardian (s): \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Current Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

**School that the student is leaving:**

Last Day of Student Attendance: \_\_\_ / \_\_\_ / \_\_\_ Date of Transfer: \_\_\_ / \_\_\_ / \_\_\_

School Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ CDS Code: 17-2060-

Principal: \_\_\_\_\_  
(Signature) (print name)

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

**School that the student is transferring to:**

School Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_

**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's Signature) Print name: \_\_\_\_\_  
(Parent/Guardian)

**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:**

\_\_\_\_\_ (T3) 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: \_\_\_\_\_

\_\_\_\_\_ (T4) 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: \_\_\_\_\_

\_\_\_\_\_ (T6) incarceration in a state or county entity with and 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: \_\_\_\_\_

\_\_\_\_\_ (T7) 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: \_\_\_\_\_

\_\_\_\_\_ (T8) 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 transfer out of the country are verified by the parent/guardian's signature above.

\_\_\_\_\_ (T9) Homeschooled.

\_\_\_\_\_ (TC) transfer to a charter school. Documentation is notation of the successful release of the SID to the receiving charter school. Date: \_\_\_\_\_

\_\_\_\_\_ (TD) transfer to a choice school. Documentation is notation of the successful release of the SID to the receiving choice district. Date; \_\_\_\_\_

\_\_\_\_\_ (D9) Deceased – The signature of the parent or guardian attesting that the student is deceased:

Signature: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Faxed to: \_\_\_\_\_

Date: \_\_\_\_\_

Date Confirmation received: \_\_\_\_\_

Date Forwarded to school: \_\_\_\_\_