

HIGH POINT REGIONAL HIGH SCHOOL GUIDANCE OFFICE
 299 Pigeon Hill Road, Sussex, New Jersey 07461 973-875-3101
CLEARANCE RELEASE FORM

Students who wish to withdraw from school ***MUST FOLLOW IN ORDER***, the procedure below:

1. Schedule a Counselor-Parent-Student Withdrawal Conference.

Date & Time of Conference _____

2. Present this form to your teachers:

_____ wishes to withdraw from school. Your signature indicates that all books and materials have been returned and all debts (if any) are satisfied.

	<u>COURSE</u>	<u>TEACHER</u>	<u>BOOKS RETURNED</u>	<u>GRADE TO DATE</u>	<u>SIGNATURE</u>
Period 1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10/Virtual	_____	_____	_____	_____	_____
	<u>LIBRARY</u>	_____	_____	_____	_____
	<u>ATHLETICS</u>	_____	_____	_____	_____

3. Return this form to the Guidance Counselor ***WHO MUST SIGN IT BEFORE YOU LEAVE.***

Student's Name _____ Grade _____ Date of Birth _____ Withdrawal Date _____ Withdrawal Code _____

Reason for Withdrawal _____ If moving- name and address of new school district _____

Current district address _____ Forwarding address _____

Current phone number _____ New phone number _____

Student's Signature _____ Parent's Signature _____

Counselor's Signature _____ Administrator's Signature _____

**STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
STUDENT TRANSFER CARD**

A41

DIRECTIONS: This card must be completed by the transferring school and sent directly to the student's new school. The card must be sent the first day after the student's last date of attendance.

Name: _____ Grade: _____

Date of Birth: _____ Proof of Age: _____ SID: _____
(specify document)

Name of Parent or Guardian _____

Current Address: _____

Forwarding Address: _____

School that the student is transferring to:

Name: _____ County: _____

Address: _____ District: _____

School that the student is leaving:

Date: Last Day of Student Attendance ____ / ____ / ____

Name: _____ County: _____

Address: _____ District: _____

Principal: _____

(signature)

(print name)

Phone #: _____

NEW SCHOOL MUST REQUEST THE STUDENT'S RECORDS WITHIN TWO WEEKS OF THE RECEIPT OF THE CARD

D94-05924

IMMUNIZATION RECORD INFORMATION

Each medical inspector shall record the results of examinations upon a record form (A45) recommended by the Commissioner of Education. Such form shall be kept in a permanent file and shall be the property of the board of education and shall be preserved. The individual health record shall be forwarded with other school records of students who transfer to another school. If a child leaves school for any other reason the record shall remain the property of the school as authorized by N.J.A.C. 6:29-1.4(b).

Department of Health regulations effective September 1, 1991 do not permit immunization information to be forwarded on the back of the student transfer card. The school that the student is leaving must forward A45, Health History and Appraisal, to the student's new school. (N.J.A.C. 8:57-4.7b)

A signed copy of the first page of A45 may be sent to the new school with the student transfer card or a signed copy may be given to the parent or guardian at the time a transfer is requested.

STUDENT TRANSFER VERIFICATION FORM

Name of District: _____

Name of School: _____

CDS code: _____

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: _____

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: _____

_____ (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: _____