

**Livingston High School**

30 Robert Harp Drive

Livingston, New Jersey 07039

Telephone: (973) 535-8000

Fax: (973) 994-4297

Directions:

Please make sure that the attached forms are filled out completely and accurately and that all required signatures are obtained. Official records may be delayed if documentation is not on file at Livingston High School.

***Part I***: Transfer/Withdrawal Request to be filled out by the **Parent/Guardian.**

***Part II***: **LHS Student** must return all books and calculators to current teachers.

**LHS Teachers** must sign and list any school property not returned as well as the corresponding fine amount(s).

***Part III***: **LHS Student** must return all school property and pay any outstanding fines to the appropriate department as listed in Part III.

**LHS Staff** must sign and list any school property not returned as well as the corresponding fine amount(s).

Please return **COMPLETED** forms to your SCHOOL COUNSELOR for processing.

***I***: **School Counselor** completes the Drop Out/Transfer Record of Documentation form, attaches supporting documentation and correspondence (if applicable), and brings it to the building principal. Counselor notifies student’s teachers and prints out current year schedule for file.

***II***: **Building Principal** assigns the DROP OUT/TRANSFER CODE (see codes attached) and returns entire packet to the LHS Attendance Officer.

***III***: **Attendance Officer** removes student from LHS rolls, makes copies of the entire packet, and distributes copies to the Building Principal (original), Assistant Principal, Director of Guidance, Guidance Secretaries, and School Nurse.



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**TRANSFER/WITHDRAWAL REQUEST FROM LIVINGSTON HIGH SCHOOL**

**PART I: Parent/Guardian** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

New Address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian, approve the

transfer/withdrawal of my child from Livingston High School effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (date)

The reason for this transfer/withdrawal is:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian

**-----------------------------------------------------------------------------------------------------------------------------------------------**

I request that the original copy**\*** of all the mandated and permitted records of the above-named student be sent to:

***(Please provide name and complete address of new school)***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian

*\*Livingston High School will not maintain copies of these records*

**PART II: Student and Teachers to Complete**

Student: Please take this form to all of your current teachers, return books, calculators, etc., and obtain signatures.

Teachers: Please sign next to your subject and indicate the student’s grade at the time of withdrawal. Please list any school property not returned (books, calculator, etc.) and indicate amount owed.

 **SUBJECT TEACHER’S SIGNATURE GRADE ITEM(s) OWED/COST OF ITEM(s)**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PART III: Student and LHS Staff to Complete**

Student: Please take this form to the departments listed below, return school property, pay fines, and obtain signatures.

LHS Staff: Please sign next to your department name, list any school property not returned, and indicate amount owed.

*Check-Out List:* *Signature*  *Item(s)Owed/Cost of Item(s)*

1. Media Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Athletic Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Assistant Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART IV: Return this form to your School Counselor**



 Drop Out/Transfer Record of Documentation

 **DATE REMOVED FROM LHS ROLLS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form must be filled out in its entirety by the school counselor and/or appropriate district employee.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

**Evidence of Intervention Strategies and Date:**

 \_\_\_\_\_\_\_\_ Meeting(s) with Counselor and/or Parents/Guardians

 \_\_\_\_\_\_\_\_\_ Meeting(s) with Principal

 \_\_\_\_\_\_\_\_\_ Meeting(s) with Asst. Superintendent of Schools

\_\_\_\_\_\_\_\_\_ Core Team Interventions

 \_\_\_\_\_\_\_\_\_ Special Education Meetings

 \_\_\_\_\_\_\_\_\_ Alternative School Placement

 \_\_\_\_\_\_\_\_\_ School Nurse Visitations

 \_\_\_\_\_\_\_\_\_ School Psychologist Interventions

 \_\_\_\_\_\_\_\_\_ Meetings with Asst. Principal *(Disciplinary/Behavioral)*

 \_\_\_\_\_\_\_\_\_ Modified Academic Course Schedule

 \_\_\_\_\_\_\_\_\_ Credit Recovery: Summer School for Academic Failure – Educere - Retention

 \_\_\_\_\_\_\_\_\_ Referred to Outside Therapist/Clinic/Agency, etc.

 \_\_\_\_\_\_\_\_\_ Academic Interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_ Contracts/Action Plans

\_\_\_\_\_\_\_\_\_ Attendance: Action Plan

\_\_\_\_\_\_\_\_\_ Attendance: Loss-of-Credit Appeal

\_\_\_\_\_\_\_\_\_ Substance Abuse

\_\_\_\_\_\_\_\_\_ I&RS Referral

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please identify)

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Drop Out/Transfer Code Recorded in Genesis*

It is essential to distinguish between students who actually drop out of school and students who leave school for legitimate reasons. Please refer to the attached charts for the appropriate Drop Out/Transfer Code.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***D***rop Out/***T***ransfer CODE: \_\_\_\_\_\_\_\_ *Signature of Principal Assigning* ***D-Code/T-Code***

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Signature of Attendance Officer*