|  |  |
| --- | --- |
| circle3.jpg | text logo.jpg11 Foxcroft DriveLivingston, NJ 07039973-535-8000 |
| **TRANSFER/WITHDRAWAL FROM LIVINGSTON PUBLIC SCHOOLS** |
| **ELEMENTARY AND MIDDLE SCHOOL**  |
| **Student:**  | [ ]  In-District | [ ]  Out-of-District | **School Year**       –       |
| **Student Information** |
| Last Name |       | First Name |       | ID# |       |
| Date of Birth |       | Age |       | Grade |       |
| Parent Name |       |
| Home Address |       | Phone # |       |
| City |       | State |       | Zip |       |
|  |
| **Parent/Guardian Permission** |
| I,  |       | parent [ ]  or legal guardian [ ] , approve the |
| transfer/withdrawal of my child from Livingston Public Schools effective |       |
| The reason for this action is: |       |
|       |
|       |  |   |
| Print Parent/Guardian Name |  | Parent/Guardian Signature |
| **Permission to Release Records** |
| [ ]  By checking this box I authorize LPS to release student records to the school listed below. |
| Name of School: |       |
| Complete Address: |       |
|  |  |       |
| Parent/Guardian Signature |  | Date |
| **Release from School Administrator** |
| **A School Administrator must check that all school materials were returned.** |
| Textbooks [ ]  | Computer [ ]  | Fines Paid [ ]  | Other: |       |
|       |  |  |
| Print Principal Name |  | Principal Signature |
| **Please print and bring this form to the school office.** |
| **For Office Use Only** |
| Received: |       |
| Completed by: |       |
| [ ]  Genesis | [ ]  IEP Direct | [ ]  Rosters | [ ]  Transportation | [ ]  Other: |