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| circle3.jpg | | | | | | | | | | | | | text logo.jpg  11 Foxcroft Drive  Livingston, NJ 07039  973-535-8000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | |