

STUDENT TRANSFER INFORMATION

**CLEMENTON ELEMENTARY SCHOOL
4 AUDUBON AVENUE, CLEMENTON, NJ 08021
P- (856) 783-2300 / F-(856) 783-8929**

**PARENT / GUARDIAN: PLEASE COMPLETE THIS FORM AND RETURN TO THE MAIN OFFICE.
PHOTO ID IS REQUIRED.**

TODAY'S DATE: _____ COPY OF ID: _____

NAME OF PARENT/GUARDIAN TRANSFERRING STUDENT: _____

PARENT/GUARDIAN PHONE #: _____

STUDENT'S NAME: _____

STUDENT'S DATE OF BIRTH: _____ CURRENT GRADE: _____

CURRENT CLEMENTON ADDRESS: _____

FORWARDING ADDRESS: _____

REASON FOR TRANSFER: _____

DO YOU HAVE A CHILD ATTENDING HIGH SCHOOL? IF YES, PLEASE PROVIDE THE FOLLOWING:

STUDENT'S NAME: _____ DOB: _____

CURRENT GRADE: _____ ATTENDING SCHOOL: _____

SCHOOL THAT THE STUDENT IS TRANSFERRING TO:

SCHOOL: _____

ADDRESS: _____

DISTRICT: _____

COUNTY: _____

PHONE #: _____ FAX #: _____

LAST DAY OF STUDENT ATTENDANCE: _____