STUDENT TRANSFER VERIFICATION FORM

Name of District:	West Windsor-Plainsboro Regio	nal School District, West Windsor, NJ 08550
Name of School:	Millstone River School, Plainsbo	oro, NJ 08536
CDS code:	21-5715-150	
Date of Transfer:		
Name of Student: _		SID:
Name of Parent(s)/0	Guardian(s):	
Contact phone num	per:	
		owing information about the student's
trans	fer and sign the form.	
(name of school) and state or country	:	is transferring to in the following town I have checked the te, I have provided the recommended documentation to
Signature:	P	rint name:
school or a written acknowledge (T 4) transfer to a	owledgement of receipt of the records by the	entation is a written request for student records from the nonpublic he nonpublic school. Date the records are sent:thin the state. Documentation is notation of the successful release of
	cial request for student records and notation	ional program that leads to a regular high school diploma. on of successful release of the SID to the institution, where applicable
	nt records and notation of successful relea	nt of a physical, mental, or emotional disability. Documentation is an ase of the SID to the institution, where applicable.
		transfer to a school in another state requires a written response from udent's enrollment. Date:
Documentation of transf	ers out of the country are verified by the pa	arent/guardian's signature above.
(T 9) Homeschool	led.	
(T C) transfer to a	charter school. Documentation is notation	n of the successful release of the SID to the receiving charter school.
(T D) transfer to a		of the successful release of the SID to the receiving choice district.
(D 9) Deceased -	The signature of the parent or guardian a Sig	Ittesting that the student is deceased: gnature: