

**STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION**

**STUDENT TRANSFER INFORMATION**

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Proof of Age \_\_\_\_\_ SID# \_\_\_\_\_  
(specify document)

Name of Parent or Guardian: \_\_\_\_\_

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

Forwarding Address: \_\_\_\_\_

**School that the student is transferring to:**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address \_\_\_\_\_ District: \_\_\_\_\_

\_\_\_\_\_

**School that the student is leaving:**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address \_\_\_\_\_ District: \_\_\_\_\_

\_\_\_\_\_

Principal: \_\_\_\_\_  
*(signature)* *(print name)*

Phone #: \_\_\_\_\_

**NEW SCHOOL MUST REQUEST THE STUDENT'S RECORDS WITHIN TWO WEEKS OF RECEIPT OF THE CARD.**

**Immunization record information**

Each medical inspector shall record the results of examinations upon a record form (A\$%) recommended by the Commissioner of Education. Such form shall be kept in a permanent file and shall be the property of the board of education and shall be preserved. The individual health record shall be forwarded with other school records of students who transfer to another school if a child leaves school for any other reason the record shall remain the property of the school as authorized by N.J.A.C. 6A:32-7.

Department of Health regulations effective September 1, 1991, do not permit immunization information to be forwarded on the back of the student transfer card. The school that the student is leaving must forward A45, Health History and Appraisal, to the student's new school. (N.J.A.C. 8:57-4.7b)

A signed copy of the first page of A45 may be sent to the new school with the student transfer card or a signed copy may be given to the parent or guardian at the time a transfer is requested.