

TRENTON BOARD OF EDUCATION

"Children come first, Los niños son primero"



For Office Use Only:

- Special Needs
- Bilingual/ESL
- Transportation

STUDENT TRANSFER CARD 2017-18

INDICATE YOUR SELECTION: In-District Transfer Out-of-District Transfer
 Charter School Transfer Charter to Charter

STUDENT INFORMATION

State ID Number: _____ Date: _____
Name: _____
(First) (Middle Initial) (Last)
Date of Birth: _____ Age: _____ Grade: _____ Gender: Male Female

PARENT/LEGAL GUARDIAN INFORMATION

Name of Parent/Legal Guardian: _____
Old Address: _____
(Street) (City) (State/Zip)
Current Address: _____
(Street) (City) (State/Zip)
Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____ Email: _____

SCHOOL THAT THE STUDENT IS TRANSFERRING TO

School Transferring to: _____ County: _____
Address: _____ District: _____
(Street) (City) (State/Zip)
School Phone:() _____ Fax:() _____

SCHOOL THAT THE STUDENT IS LEAVING

School Leaving: _____ Last Day of Student Attendance: ___/___/___
Address: _____ Phone:() _____ Fax: () _____
(Street) (City) (State/Zip)
Principal: _____ County: Mercer District: Trenton Public Schools
Processed By: _____ Date: _____

FOR OFFICE USE ONLY: Home School Information (if different from above)

Home School Name: _____ School Address: _____
(Street) (City) (State/Zip)