_____

Student Name: _____

Clifton School Name: _____ Grade: _____

* *

Will be transferring to: _____
(Name of School)

_____ _____ _____
(City) (State) (Zip Code)

New home address will be:

_____ _____
(Street Address) Apt #

_____ _____ _____
(City) (State) (Zip Code)

I give permission for the Clifton Public Schools District to transfer:

All grades, test scores, complete list of immunizations, discipline records and special education records.

_____ _____
PRINT: Name of Parent/Guardian SIGNATURE of Parent/Guardian

Telephone #: _____ Email:_____ Date: _____