State of New Jersey – Department of Education Student Transfer Card

A41

Directions: This card must be completed by the transferring school and sent directly to the student's new school. The card must be sent the first day after the student's last date of attendance.

Name:			Grade:	
Date of Birth:	Proof of Age: (spe	ecify document)	SID:	
Name of Parent or Guardian:				
Current Address:				
Forwarding Address:				
School that the student is transfer	ring to:			
Name:		County:		
Address:		District:		
School that the student is leaving	:			
Date: Last Day of Student Attendance	ee:/			
Name:		County:		
Address:		District:		
Principal:				
(signature or designated sig	gnee)	(print r	name)	
Phone #:	No woods with the	us weeks -£45		
New school must request the studen	t's records within tv	vo weeks of the re	eceipt of the card.	D94-05824

Immunization Record Information

Each medical inspector shall record the results of examinations upon a record form (A45) 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. 7:32-7(b).

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.