

Local ID# _____
 State ID# _____

NEW PROVIDENCE HIGH SCHOOL
 35 Pioneer Drive, New Providence, NJ 07974

(Please print and complete all pages)

STUDENT RELEASE PROCESS

STUDENT _____ GRADE _____ *DATE _____

REASON FOR LEAVING _____

Classification for the Attendance Register (check below):

Date of Birth _____

___ Transfer – (T) – continuation of schooling intended at _____

___ Left - (L) - only the action of withdrawal is understood

I, _____, THE PARENT/GUARDIAN OF _____, DO HEREBY
(Parent/Guardian Name) (Student Name)

CERTIFY THAT MY SON/DAUGHTER IS TRANSFERRING/WITHDRAWING FROM NEW PROVIDENCE HIGH SCHOOL ON THE DATE NOTED ABOVE.

PARENT/GUARDIAN SIGNATURE: _____

ALL PERSONNEL CONCERNED: Before signing your name below, please be sure that all issues and fees have been collected. If the student fails to return or remit all items of obligation, please describe such items precisely in the space provided below.

DO NOT SIGN IF ALL OBLIGATIONS ARE NOT MET.

Period	Course	Teacher	Obligations (incl. costs)	Teacher Signature (when clear)	Grade to Date of Withdrawal**
0					
1					
2					
3					
4					
5					
6					
7					
8					
9					

DEPARTMENT AUTHORIZATIONS – Signatures indicate that all obligations have been met

Nurse _____ Principal _____

Media Center _____ Assistant Principal _____

IPad Received By _____ Serial # _____ NP Inventory Tag _____

Hall Locker _____ Gym Locker _____ Guidance Counselor _____
(Assigned/Cleared) (Assigned/Cleared)

Attendance Officer _____ Cumulative Days Membership _____ Absent _____ Tardy _____

(*)This is the processing date. The "T" or "L" is entered in the register for the school day following the date noted above.



STUDENT WITHDRAWAL FORM

(Please submit one form per student)

Please be advised that my son/daughter will no longer be attending the New Providence Public Schools.

Student Name: _____

Date of Birth: _____

Current School/Grade/Home Room Teacher _____

Last Day of Attendance: _____

Current Home Address: _____

Forwarding Home Address: _____
Street, City, State, Zip (Country if not U.S.A.)

Contact Information: Cell Phone #: _____ New Home #: _____

Email Address: _____

New School Name: _____
School District: _____
Expected Date of Enrollment: _____
School Address: _____
City, State, Zip Code: _____
School Phone Number: _____

The laws of confidentiality require that the school last attended by your child has the permission of the student's parent or guardian before releasing the student's records. Your signature below will authorize (upon request by the new school) New Providence Schools to forward a full student transcript of academic records, including grades, test scores, health, and Special Education records (if appropriate) to the new school.

Parent/Guardian: _____
Printed Name Signature

Relationship to Student: _____ Date: _____

Approved by/Transfer Code _____ Principal or Designee /Code	_____ [Office Use Only]
Request for Records Received from New School: _____	Fines/Fees Received _____ NJ SID # _____
Records Sent to New School: _____	Date _____
COPY OF THIS FORM SENT TO:	
<input type="checkbox"/> Data Analyst	<input type="checkbox"/> Main Office
<input type="checkbox"/> Special Services	

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STUDENT-ATHLETE TRANSFER FORM

TRANSFER DATE _____

Student ID:	Last Date Attended:	Grade Level:
Student Name:		Gender:
Parent/Guardian:		Date of Birth:
Address:		

ATHLETIC PARTICIPATION HISTORY

Date Entered Grade 9:	Do you plan on participating in sports at your new school?: Yes No	Did you participate in high school sports prior to grade 9: Yes No
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List all high school sports that you participated in during your enrollment at New Providence High School.

Grade / Season	Sport / Level (Frosh, JV, Varsity)	Letter / Award

Attach additional page if necessary

Parent Signature

Date

Student Signature

Date