

SUPERINTENDENT OF SCHOOLS  
HILLSIDE PUBLIC SCHOOLS  
HILLSIDE, NEW JERSEY

REQUEST FORM FOR TRANSFER CARD

For the safety and welfare of students of being transferred out of the Hillside Public Schools, the following information is to be completed by the parent/guardian prior to the issuance of a "Transfer Card".

Name of Parent/Guardian: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

Hillside Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Parent Work # \_\_\_\_\_

Name & Address of New School: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize A.P. Morris School to forward any and all pertinent information about my child to their new school in \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_