

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: \_\_\_\_\_



**HILLSIDE PUBLIC SCHOOLS**  
*"Aspire to Inspire!"*

*Antoine L. Gayles, Ed.D.*  
*Superintendent of Schools*

Parent/Student Exit Interview

You have recently withdrawn your child/children from Hillside Township Public Schools. To help us make future decisions about our educational programs, I would like to ask you a few questions about the services you received while attending our schools. The form can be emailed to Mrs. Kristy Weaver at [Kweaver@hillsideK12.org](mailto:Kweaver@hillsideK12.org) or returned to her attention at Hillside Board of Education, 195 Virginia Street.

Your time and input are greatly appreciated.

1. Child's Name (optional): \_\_\_\_\_

2. School/Last Grade Level: \_\_\_\_\_

3. How satisfied were you with the overall quality of your child's educational program?

(Very Dissatisfied) 1    2    3    4 (Very Satisfied)

4. With which aspects of your child's educational program were you most satisfied? (Circle all that apply)

- a. Teacher quality and professionalism
- b. Facilities
- c. Academic curriculum
- d. Co-curricular activities
- e. Home school communication (i.e. contact with teacher, Genesis, email)
- f. Disciplinary policy and procedures
- g. School safety
- h. Other (please specify):

5. Why did you decide to withdraw from the district? (Circle all that apply)

- a. Moving/relocating
- b. Inability of school to meet
  - i. Social/emotional needs of my child
  - ii. Academic needs of my child
- c. Inability of school to accommodate sibling
- d. Dissatisfied with one of the following:
  - i. Disciplinary practices
  - ii. Educational offerings
  - iii. Co-curricular offerings (i.e. sports, band, clubs)
  - iv. School atmosphere or climate
- e. Other (please specify): \_\_\_\_\_

6. Once your child leaves our program, she/he will be:

- a. Enrolled in a private/parochial school
- b. Home schooled

*Office of the Superintendent, Hillside Public Schools*  
*195 Virginia Street, Hillside, NJ 07205-2798*  
*Ph: 908/352-7664 x 6400, Fax: 908/282-5831; AGayles@hillsidek12.org*

- c. Attending a Charter school
- d. Obtaining a GED
- e. Other (Please specify): \_\_\_\_\_

7. Would you recommend our district to a friend or family member?

- a. Yes
- b. No

8. If no, what three recommendations do you have for improving the Hillside Public School District?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

9. Additional comments:

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