

**SIMMONS ELEMENTARY SCHOOL
CLAYTON PUBLIC SCHOOL
300 West Chestnut Street
Clayton, NJ 08312
Phone: (856) 881-8704 Fax: (856) 307-0924
STUDENT TRANSFER INFORMATION**

DIRECTIONS: This form must be completed in order to receive a copy of the student official transfer.

Students Last Day of School: _____

Student Name: _____ Grade: _____

Date of Birth: _____

Name of Parent or Guardian: _____

Current Address: _____

Forwarding Address: _____

Will this be your permanent address? Yes _____ No _____

School that the Student is transferring to:

Name of School: _____

Address of School: _____

Phone: _____ *Fax: _____

County: _____

District: _____

***Please allow 1 - 2 days for the transfer to be completed. Please leave a contact number so that you may be informed when the transfer is ready for pick-up.**

Thank you.

Name: _____ Date: _____

Phone: _____ Additional Phone: _____