



Galloway Township Public Schools
"Where Children and Learning Come First"

101 South Reeds Road | Galloway, NJ 08205
Phone: (609) 748-1250 | Web: www.gtps.k12.nj.us

STUDENT TRANSFER REQUEST FORM

When a child transfers from district to district and state to state, we are required by the state of New Jersey to record the below information. Please complete all sections below. Once the information is submitted, the information will be processed to prepare your child's transfer card and paperwork. Please note: Original transfer card and records will be forwarded directly to your new school.

Student Information

Student Name (PRINT): _____

Date of Birth: _____ Current Grade: _____ Current School: _____

Last Day Student will attend Galloway: _____

Does the student have a IEP or 504? (Circle): YES NO

Parent/Guardian Information

Parent/Guardian Name: (PRINT): _____

Current Address: _____

Forwarding Address: _____ State _____ Zip _____

Contact Phone Number(s): _____ / _____

Reason for Transferring Student – Please Check

_____ Voluntary (Examples: moving to new home/student transferring to nonpublic school, etc.)

_____ Loss of Housing in Galloway (Examples: fire, storm, eviction, foreclosure, etc.)

_____ Involuntary Leaving Home for Other Reasons (Examples: Asked to leave, domestic violence, etc.)

New School Information

Name of School Transferring to: _____

Address of School: _____ State _____ Zip _____

Parent Signature: _____ Date: _____