Student Name:			
* * *	* * * * * * * * * * *	* * * * * * * * *	*
Vill be transferring to:	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	e of School)	22222222
(City)		(State)	(Zip Code)
New home address will be:			
	(Street	: Address)	Apt #
(City)		(State)	(Zip Code)
give permission for the Cli	ifton Public Schools Distric	to transfer:	
All grades, test scores, con ecords.	nplete list of immunizations	, discipline records ar	nd special education
PRINT: Name of Par		SIGNATURE of P	arent/Guardian
Hamo of Full		SIGNATIONE OF I	a. Jily Oddi didii
Telephone #:	Email:		Date: