

THE WESTERLEIGH SCHOOL

PUBLIC SCHOOL 30



www.ps30.Org

200 WARDWELL AVENUE ♦ STATEN ISLAND, NY 10314 ♦ 718-442-0462 ♦ FAX 718-442-4265

Alan Ihne, Principal ♦ Joseph Napolitano, Assistant Principal ♦ Jennifer Miller, Assistant Principal

INTENT TO MOVE

Dear Parent/Guardian:

[] DISCHARGE

If you will no longer be attending PS 30, and plan on enrolling your child in another school, ex: out of state, enrolling in a Parochial or Private School, please indicate the new school address and the new home address on the form below.

Name of Student: _____ Date of Birth: _____

Class: _____ Student ID#: _____

Last expected day at PS 30: _____

NEW SCHOOL NAME: _____

Address: _____

City, State, Zip: _____ Telephone#: _____

New Home Address: _____

City, State, Zip: _____ Telephone#: _____

Parent/Guardian: _____
Print Sign Date

STANDARD DISCHARGE FORM

Find downloadable versions of the form on [the Principals' Portal](#).

[DBN/School Name]						Today's Date:			
Student last:				first:				Gr:	ID:
Expected Last Day:			Reason for discharge:				Off Class:		Age:
Adult 1:				Adult 2:				Guidance Counselor:	
Home address		<input type="checkbox"/> No change	<input type="checkbox"/> Collect new	New School/Program (not required out of USA/territories OR K parent-elected discharge)					
Street/Apt				School Name	<input type="checkbox"/> public/charter		<input type="checkbox"/> non-public		
City, St, Zip				Address					
Country				phone					
alt. phones				fax					
email				email					
Alternate address or contact person or other information about move				Date of Admission					
				Contact person, enrollment date or other notes about new school					
Parent statement REQUIRED for move out of USA/Territories, for PK discharges, or for K parent-elected discharge. Parent statement									
Parent Name: _____ Parent Signature: _____ Date: _____									
<input type="checkbox"/> The parent statement is attached.									
<input type="checkbox"/> The parent statement was a verbal statement recorded by a school staff member:									
School Staff Name/Title				School Staff Signature				Date	
Documentation See chart. The school must confirm that all conditions have been met for the use of the code and obtain documentation that meets the applicable Transfer, Discharge and Graduation Guidelines (TDG Guidelines) requirement. Optional Notes on Documents Attached:									
Effective Date of Discharge: _____ Discharge Code: _____ Document or Reason Code: _____ Entered in ATS by: _____ Date: _____									
For Codes 12 or 08X or 11X, who is responsible for continued outreach and investigation?									
School Staff Person Completing this Form:				Signature:				Date:	
BFSC Approval Notes: <i>Optional</i>									