

TRANSFER FORM

Name (Last, First, M.I.)		Date of Birth (mm/dd/yyyy)	M	F
			Sex	
Phone Number		Email Address		
U.S. Address		city	state	zip code

I hereby authorize the Designated School Official (below) to provide the information requested.

Student's Signature	Date
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TO BE COMPLETED BY CURRENT SCHOOL OFFICIAL:

The above student wishes to transfer to **Discovery School – Discovery Learning Center (NEW214F02151001)**. Please provide the following information to help us determine the eligibility for the transfer notification procedure.

1. Is this student in lawful F-1 status according to INS regulation? ___Yes ___No
If not, please explain: _____
2. Is this student currently attending your institution? ___Yes ___No
If yes, when is the last day of the current term? _____
If not, when did he/she last attend? _____
3. Has this student met all financial obligations of your institution? ___Yes ___No
4. Student's SEVIS ID#: _____ **(Do not release the SEVIS record if the student does not submit a letter of acceptance from our school.)**

Please use the line below if you would like to share any additional information about this student.

Name of Institution: _____

Phone#: _____ Fax#: _____ Email Address: _____

Name and Title: _____

Signature: _____ Date: _____

Please complete the information above and mail or fax to: Foreign Student Advisor, Discovery School at the address above.

Manhattan Campus
16 West 32nd St 6th Fl
New York, NY 10001
Tel 212.706.0449 Fax 212.564.0449

Closter Campus
539 Durie Avenue
Closter, NJ 07624
Tel 201.750.1113 Fax 201.750.9996

Palisades Campus
7 Broad Avenue
Palisades Park, NJ 07650
Tel 201.313.1220 Fax 201.313.1226