

RIDGEFIELD PARK PUBLIC SCHOOLS
712 LINCOLN AVENUE
RIDGEFEILD PARK, NJ 07660

CHANGE OF SCHOOL REQUEST FORM

Date: _____

I, _____ request a change of school assignment
Name of parent/guardian

for my child, _____ in grade _____

from _____ school to _____

Reason for my request: _____

Current address: _____

Home phone no. _____ cell no. _____

Email address _____

Signature _____
Name of parent/guardian

Print _____ Date _____
Name of parent/guardian

If you have a new address, please provide a copy of the change of address form along with this form which is available on our website: www.rpps.net. It is required you also submit with this form a copy of your lease/deed, current utility bill, updated contact numbers and email address. If you have any questions or concerns, please contact Mr. Morton at 201-440-1448 or email him at wmorton@rpschools.net.
A change of school request does not guarantee the request will be honored.

FOR OFFICE USE ONLY

____ Change of school has been approved by the Superintendent of Schools

____ Change of school has **not been approved** by the Superintendent of Schools

