



*Teresa M Rafferty, Superintendent of Schools*  
*Richard A. Hueston, Principal*  
*Dr. Orsolina Cetta, Assistant Principal*

## Theodore Schor Middle School

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Dear Parents/Guardians:

If you are planning to move over the summer, we ask that you please advise us by filling out the reverse side of this letter and returning it to Ms. Gransky in the counseling office as soon as possible.

If your child is currently in 8<sup>th</sup> grade, you will need to do this by Tuesday, June 20th. If you move after this you will need to go to the High School to complete a withdrawal form.

For 6<sup>th</sup> and 7<sup>th</sup> grade students who need to be withdrawn, please note that Ms. Gransky is not available during the summer months to do transfers. Kindly call Ms. Nardo in the main office for an appointment to withdraw your student.

If you move within Piscataway Township, you will need to provide the Enrollment Office (1515 Stelton Road, 732-572-2289 ext. 22573), proof of residence for your new address, which may result in a change of school for your child. Schedules and transportation status must be determined, therefore, we ask that you notify us as soon as possible of any change in your address.

Have a happy, healthy and safe summer!

Sincerely,

Richard Hueston,  
Principal



# **IF YOU ARE MOVING**

(OR PLANNING TO MOVE AT THE END OF THE SCHOOL YEAR)

*If you are planning to move at the end of this school year, or over the summer, kindly complete the form below and return it to Ms. Gransky in the Counseling Office as soon as possible. (This form should be completed even if you are moving to another home in Piscataway). After this form is returned, Ms. Gransky (732-752-4457 ext.5214), will call you to make an appointment to sign your student out and give you the necessary paperwork to get your student started in his/her new school.*

Student \_\_\_\_\_ ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Current Address \_\_\_\_\_

Forwarding Address \_\_\_\_\_

**(If you're moving to another area of Piscataway, you must contact the Enrollment Office at 732-572-2289 ext. 22573 to change residency.)**

School that student will be transferring to

\_\_\_\_\_

Address and Phone number \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

District \_\_\_\_\_

**Last Day of Attendance in Piscataway Schools** \_\_\_\_\_

**I HEREBY GRANT PERMISSION FOR ALL RECORDS TO BE RELEASED. THIS INCLUDES BUT IS NOT LIMITED TO: School records (including report cards, test scores), Attendance, Discipline records and Health records.**

Parent  
signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you in advance for your cooperation. We wish you and your child a wonderful experience at his/her new location.**