ILLINOIS STATE BOARD OF EDUCATION

Educator and School Development Division 100 North First Street, E-310 Springfield, Illinois 62777-0001

STUDENT IDENTIFICATION NUMBER (9-digits)										

STUDENT TRANSFER FORM

In accordance with Section 2-3.13a of the School Code, all public school districts are to provide this form to any student who is moving out of the school district to verify whether or not the student is "in good standing" and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. "In good standing" means that the student is not being disciplined by an out-of-school suspension or expulsion, and is entitled to attend classes, as of the date of this form. No public school district is required to admit a new student unless they can produce this form from the student's previous Illinois public school district. This form is not to be returned to the Illinois State Board of Education. It is to be sent directly to the student's new school they will be attending.

the Illinois State Board of Education. It is to b	<u>e sent directly to</u>	<u>o the student's new school</u>	ol they will be atte	<u>nding</u> .					
NAME OF STUDENT (Last, First, Middle)		BIRTHDATE (Month, Day, Year)	GENDER Male Female	GRADE LEVEL					
ADDRESS OF STUDENT (Street, City, State, Zip Code)									
NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE (Include Area Code)								
ADDRESS OF PARENT OR GUARDIAN		Home	Work						
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DISTRICT NAME AND NUMBER TRANSFERRING TO	NEW DISTRICT ADDRESS (City, State, Zip Code)								
NAME OF SCHOOL STUDENT WILL BE TRANSFERRING TO		NAME OF PRINCIPAL AT NEW SCHOOL							
Please check (\checkmark) the appropriate box.									
I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form. The above student's medical records are <u>not</u> up-to-date and complete as documented in the student's permanent records. I hereby attest that the above student is <u>not</u> "in good standing" due to a current suspension and/or expulsion from									
trolled substance or cannabis; or for battername of PRINCIPAL	ering a staff meml	1	COUNTY						
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DISTRICT NAME AND NUMBER	DISTRICT ADDRESS (City, State, Zip Code)								
Date		Signature of P	rincipal						