ILLINOIS STATE BOARD OF EDUCATION
Accountability 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.											
NAME OF	STUDENT (Last, First, Middle)		BIRTHDATE (Month, Day, Year)	GENDER Male	GRADE LEVEL						
				Female							
ADDRESS OF STUDENT (Street, City, State, Zip Code)											
NAME OF PARENT OR GUARDIAN			PARENT/GUARDIAN TELEPHONE (Include Area Code)								
ADDDE00	OF PARENT OR CHARRIAN		Home	Work							
ADDRESS	S OF PARENT OR GUARDIAN										
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 o	theck (✓) 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 not "in good standing" due to a current suspension and/or expulsion from										
	I hereby attest that the above student is not "in good standing" due to a current suspension and/or expulsion from until and is not eligible for transfer for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.); for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis; or for battering a staff member of the school.										
NAME OF	PRINCIPAL	SCHOOL PHONE		COUNTY							
DISTRICT NAME AND NUMBER			DISTRICT ADDRESS (City, State, Zip Code)								
	Date		Signature of F	Principal							