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Student Transfer Form

In accordance with Section 2-3.13a of The School Code, all public school districts must give this form to any student who is moving out of the 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. "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 this form's date. No public school district is required to admit a new student unless the student produces this form from the student's previous Illinois public school district.

| Name of Student (Last, First, Middle) | | Birth Date (Month, Day, Year) | | Sex | Grade Level | |
|---------------------------------------|---|------------------------------------|---------------------------|------|-------------|--|
| Addr | ess of Student | I | | | | |
| Name of Parent/Guardian | | Parent/Guardian Telepho | Parent/Guardian Telephone | | | |
| | | Home: | Work | | | |
| Addre | ess of Parent/Guardian | | | | | |
| | | | | | | |
| Please | e check (✓) appropriate box | | | | | |
| | The above student is "In Good Standing" and his or her medical records are up-to-date and complete as of the date of this form. | | | | | |
| | The above student's medical records are $\underline{\mathbf{not}}$ up-to-date and complete as documented in the student's permanent records. | | | | | |
| | The above student is <u>not</u> "In Good Standing" due to a current suspension and/or expulsion; but is entitled to transfer in accordance with Section 2-3.13a (105 ILCS 5/2-3.13a). | | | | | |
| | I hereby attest that the above student is <u>not</u> "In Good Standing" due to a current suspension and/o expulsion from until and is <u>not</u> eligible fo 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 <u>et seq.</u>); for knowingly possessing, selling, o delivering in a school building or on school grounds a controlled substance or cannabis; or for battering a school staff. | | | | | |
| Name of Principal | | School Phone | | Coun | ty | |
| District Name | | District Address (City, State, Zip | Code) | | | |
| Distri | ct Name | District Address (City, State, Zip | o Code) | | | |
| | | Si _l | Signature of Principal | | | |

Revised: 03/19/03