Champaign Community School District No. 4
Champaign, Illinois

STUDENT TRANSFER FORM – PRIVATE, PAROCHIAL, OUT-OF-STATE SCHOOLS

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 his/her 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 the student can produce this form from his/her previous public, private, or parochial school.

NAME OF STUDENT (Last, First, Middle)	BIRTHDATE (Month, Day, Year)	SEX	GRADE LEVEL

ADDRESS OF STUDENT

NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE Home Work

ADDRESS OF PARENT OR GUARDIAN

Please check (√) 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 **not** 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; 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 **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	DISTRICT ADDRESS (City, State, Zip Code)

_____
Signature of Principal

_____
Date

12/13/99

705.05R