

ILLINOIS STATE BOARD OF EDUCATION
Accountability and Quality Assurance Center
Quality Assurance and Improvement Planning Division, E-310
100 North First Street
Springfield, Illinois 62777-001

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 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.

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

NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE Home _____ Work _____
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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
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DISTRICT NAME	DISTRICT ADDRESS (City, State, Zip Code)
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_____ Date

_____ Signature of Principal