Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

ILLINOIS STATE BOARD OF EDUCATION
Public School and Recognition Division
100 West Randolph Street, Suite 14-300
Chicago, Illinois 60601

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 ☐ Female	GRADE LEVEL
ADDRESS OF STUDENT (Street, City, State, Zip Code)			
NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE (Include Area Code) Home Work		
ADDRESS OF PARENT OR GUARDIAN (Street, City, State, Zip Code)			
DISTRICT NAME AND NUMBER TRANSFERRING TO	NEW DISTRICT ADDRESS (Street, City, State, Zip Code)		
NAME OF SCHOOL STUDENT WILL BE TRANSFERRING TO	NAME OF PRINCIPAL AT NEW SCHOOL		

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 from _____ until _____; but is entitled to transfer in accordance with Section 2-3.13a (105 ILCS 5/2-3.13a), unless the receiving district has, pursuant to Section 2-3.13a, adopted a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion.

☐ 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 (Include Area Code)	COUNTY
DISTRICT NAME AND NUMBER	DISTRICT ADDRESS (Street, City, State, Zip Code)	

_____ Date

_____ Signature of Principal

Print Reset Form

 THIS FORM IS TO BE SENT DIRECTLY TO THE STUDENT'S NEW SCHOOL THEY WILL BE ATTENDING.