Public School and Recognition Division 100 West Randolph Street, Suite 14-300 Chicago, Illinois 60601

STUDENT IDENTIFICATION NUMBER (9-digits)								

#### STUDENT TRANSFER FORM

In acc	ordance with Section 2.2.42	STUDENT TR	ANSFER FORM		
suspe studer the III	ordance with Section 2-3.13a of the Schothe school district to verify whether or no nd complete as defined in Section 2-3.13ansion or expulsion, and is entitled to attend unless they can produce this form from inois State Board of Education. It is to	<ul> <li>a. "In good standing d classes, as of the</li> </ul>	ng" means that the student e date of this form. No put	t is not being discipline blic school district is re	cal records are up-to- ed by an out-of-school
NAME (	DF STUDENT (Last, First, Middle)		BIRTHDATE (Month, Day, Ye		GRADE LEVEL
ADDRE	SS OF STUDENT (Street, City, State, Zip Code)			Female	
NAME (	F PARENT OR GUARDIAN		PARENT/GUARDIAN TELEPH	HONE (Include Area Code)	
ADDRES	SS OF PARENT OR GUARDIAN (Street, City, State, 2	Zip Code)	Home	Work	
		, , , , ,			
DISTRIC	T NAME AND NUMBER TRANSFERRING TO		NEW DISTRICT ADDRESS (S	treet, City, State, Zip Code)	
NAMEO	500000			,	
NAME O	F SCHOOL STUDENT WILL BE TRANSFERRING TO	0	NAME OF PRINCIPAL AT NEV	V SCHOOL	
Please	check (✓) the appropriate box.				
	I hereby attest that the above student is and complete as of the date of this form.  The above student's medical records are records.  I hereby attest that the above student is from	not "in good stand 2-3.13a (105 ILCS) if a student is suspect complete the enainder of the suspect that the suspect cont "in good stand"	ding" due to a current suspension of the suspension of expelled for any attraction of the suspension student in an alternative spension or expulsion.	ted in the student's per pension and/or expuls eceiving district has, y reason from any put on or expulsion before school program estat	ermanent  sion; but is entitled pursuant to Section olic or private school being admitted into olished under Article
	from	school building or ossessing selling	on school grounds a weap		and is <u>not</u> eligible
NAME OF	PRINCIPAL	SCHOOL PHONE (In		COUNTY	
DISTRICT	NAME AND NUMBER		DISTRICT ADDRESS (Street, C	ity, State, Zip Code)	
	Date		Signature of Prir	ncipal	



# AFFIDAVIT OF ENROLLMENT AND RESIDENCY

100 North First Street Springfield, Illinois 62777-0001

### **ROE/ISC DEPARTMENT**

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, for reasons other than access to the educational programs of the school district. This form should not be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public or on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one. This form is also not required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. If you have any questions about residency, please contact the Illinois State Board of Education's ROE/ISC Department at (217) 785-9998.

ly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is  Signature of Adult (Print Name)
ly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is
ly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis se nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is
ly or willfully providing false information to a school district regarding the residency of a pupil fo at pupil to attend any school in that district without the payment of nonresident tuition is a Clas
is not living with me for the purpose of having access to the educational progra of the school district.
ne abode for (Name of Pupil)
(Name of Pupil)
cise responsibility for
(School District)
(Proof of Residency)
he form(s) of
age.
and check each of the following:
(School District)
of
, reside at(Address)
1 6 H

## JUNTA EDUCATIVA DEL ESTADO DE ILLINOIS

# CONFIRMACIÓN DE INSCRIPCION Y RESIDENCIA

Puede usar esta forma si usted es un adulto que ha asumido y ejerce responsabilidad por un estudiante y le da un lugar donde dormir regularmente, siempre y cuando el estudiante no se haya mudado con usted solamente con el propósito de obtener una educación gratuita en el distrito escolar.

Esta forma no debe ser usada si usted es el padre natural o adoptivo del estudiante, o si una corte le ha otorgado la custodia legal del estudiante, o si usted recibe Ayuda Publica por parte del estudiante. En estas situaciones sólo debe de entregar documentación que compruebe su situación (acta de nacimiento del estudiante, la orden de la corte, etc.) sin tener que entregar una **confirmación** como ésta.

Esta forma tampoco es necesaria para los estudiantes que comparten la vivienda de otras personas porque no tienen vivienda propia, o porque sufren dificultad económica, o por razones similares, o porque son personas consideradas sin hogar según las leyes federales y estatales. Los estudiantes sin hogar tienen que ser inscritos inmediatamente. Si tiene <u>cualquier</u> pregunta acerca de las reglas de residencia, incluyendo cómo afectan a los estudiantes sin hogar,

favor de Ilamar al División de Soporte Regulatorio y Bienestar de la Junta Educativa del Estado de Illinois, al (217) Yo, \_ \_\_\_\_\_, vivo en \_\_\_\_\_ Nombre del Adulto \_\_\_\_\_ el cual está ubicado dentro de los límites del \_\_\_\_\_ Distrito Escolar Dé la información apropiada y marque cada uno de los siguientes: Tengo por lo menos 18 años de edad. · He dado documentación en forma de Prueba de Domicilio que soy un residente del Distrito Escolar He asumido responsabilidad por \_\_\_\_ Nombre del Estudiante Le doy una casa donde dormir regularmente a Nombre del Estudiante \_no está viviendo conmigo solamente para obtener una educación en el distrito escolar. Nombre del Estudiante • Entiendo que dar información falsa de propósito a un distrito escolar acerca de la residencia de un estudiante con el fin de que el estudiante reciba una educación sin pagar el costo de la matrícula es un delito menor Clase C. • Entiendo que inscribir o tratar de inscribir a un estudiante en la escuela de un distrito escolar sin pagar el costo de la matrícula cuando yo sé que el estudiante no es un residente del distrito escolar y que el estudiante no tiene ningún otro derecho legal para asistir a esa escuela gratuitamente es un delito menor Clase C. Fecha Firma del Adulto Nombre del Adulto Fecha Empleado del Distrito Escolar (Firma) Empleado del Distrito Escolar (Nombre)