



District 155 Intra-District Transfer Application

Board Policy 7:30

STUDENT LAST NAME:	FIRST NAME AND MIDDLE INITIAL:	DATE OF REQUEST:
APPLYING FOR SCHOOL YEAR:	ASSIGNED BOUNDARY SCHOOL:	APPLYING FOR TRANSFER TO:
CURRENT GRADE LEVEL:	BIRTH DATE:	APPLYING FOR GRADE LEVEL:
PARENT/GUARDIAN LAST NAME:	FIRST NAME:	DAYTIME CONTACT NUMBER:
EMAIL ADDRESS:	STREET MAILING ADDRESS:	CITY/ZIP:
CHECK ALL SERVICES, PROGRAMS, or CIRCUMSTANCES THAT CURRENTLY APPLY TO THE STUDENT: <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Student has an IEP (Individual Education Plan) <li style="width: 50%;"><input type="checkbox"/> Student has a Section 504 Plan <li style="width: 50%;"><input type="checkbox"/> Student is an ELL (English Language Learner) <li style="width: 50%;"><input type="checkbox"/> Student has received counseling through school staff <li style="width: 50%;"><input type="checkbox"/> Family hardship is reason for application <li style="width: 50%;"><input type="checkbox"/> Student is involved in counseling or medical treatment outside the school setting (through licensed therapist or physician) <li style="width: 50%;"><input type="checkbox"/> Other (Explain) 		
DESCRIBE THE ITEMS CHECKED ABOVE: INCLUDE BEGIN/END DATES FOR EACH APPLICABLE SERVICE, PROGRAM, OR CIRCUMSTANCE: (Attach the supporting documentation; your signature below serves as a medical release of information. Additional evidence may be requested.)		
PROPOSED METHOD OF TRANSPORTATION TO TRANSFER SCHOOL:	CURRENT METHOD OF TRANSPORTATION TO HOME SCHOOL:	
REASON FOR REQUEST: <p style="text-align: center;">(Attach additional pages and supporting documentation)</p>		

Completion of the Intra-District Transfer Application does not guarantee that a transfer will be granted nor does it mean it will be granted to the request school. The application will be reviewed by the Intra-District Transfer Committee whose decision will be shared with parent(s)/guardian(s).

I have read the District 155 Intra-District Process and Procedures and understand the information regarding this application. I attest that the provided information is accurate and fully understand will be shared and discussed by the Intra-District Transfer Review Committee who will make the decision regarding the transfer request.

Parent/Guardian Signature

Date

**Application should be submitted to the Office of the Assistant Superintendent of Educational Services:
Center for Education, One South Virginia Road, Crystal Lake, IL 60014**

REVISED: April 2019