SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W Pfeiffer Rd., Bartonville, IL. 61607

Ph: 309-697-0880 Fax: 309-697-0884

# TRANSFER STUDENT\*

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: First:       | Middle:       | Last:       | Language:       |
| DOB:       | Sex: M [ ]  F [ ]  N [ ]  | Grade:       | Foster Child: Yes [ ]  No [ ]  |
| SEAPCO Res. District #:       | Serv. District #:       | School of Attendance:       |
| SIS #:       | Medicaid #:       | Ethnicity:       |
|  |
| Student resides with: [ ] Mom [ ] Dad [ ] Parent [ ] Both Parents [ ] Guardian [ ] Foster [ ] Other:        |
| Parent/Guardian #1:       | Language:       | Email:        |
| Address:        | City, State, Zip:       |
| Home Phone:       | Cell Phone:       | Work Phone:       |
| Parent/Guardian #2:       | Language:      | Email:        |
| Address:       | City, State, Zip:       |
| Home Phone:       | Cell Phone:       | Work Phone:       |
| Educational Surrogate:       | Language:      | Email:        |
| Address:       | City, State, Zip:       |
| Home Phone:       | Cell Phone:       | Work Phone:       |
|  |
| **Student Records (Please check one.)** |
| [ ]  District has received Special Education records. **(Records attached.)** |
| [ ]  Special Education records to be requested by SEAPCO. **(Permit to Release Information Form #765 attached.)** |
|  |
| **Current Services** |
| [ ]  Special Education | [ ]  Speech Therapy Only  |  |
| List any outside agency involvement:       |
|  |
| Approved by Administrator: Date: Name of Person Completing Form: Date: **NOTIFY YOUR SPECIAL EDUCATION ADMINISTRATOR** |
|  |
| **-------------------- Office Use Only --------------------**Processed by (please initial): Embrace Data Entry \_\_\_\_\_\_\_\_ Referral \_\_\_\_\_\_\_\_ |

### *\*Please complete for special ed students transferring into your district or reactivating special ed students in your district. Email completed form to Lisa Roberts: lroberts@seapco.org*