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*