



# 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:								
<p>CHECK ALL SERVICES, PROGRAMS, or CIRCUMSTANCES THAT CURRENTLY APPLY TO THE STUDENT:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Student has an IEP (Individual Education Plan)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Student has a Section 504 Plan</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Student is an ELL (English Language Learner)</td> <td style="border: none;"><input type="checkbox"/> Student has received counseling through school staff</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Family hardship is reason for application</td> <td style="border: none;"><input type="checkbox"/> Student is involved in counseling or medical treatment outside the school setting (through licensed therapist or physician)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (Explain):</td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> Student has an IEP (Individual Education Plan)	<input type="checkbox"/> Student has a Section 504 Plan	<input type="checkbox"/> Student is an ELL (English Language Learner)	<input type="checkbox"/> Student has received counseling through school staff	<input type="checkbox"/> Family hardship is reason for application	<input type="checkbox"/> Student is involved in counseling or medical treatment outside the school setting (through licensed therapist or physician)	<input type="checkbox"/> Other (Explain):	
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<input type="checkbox"/> Family hardship is reason for application	<input type="checkbox"/> Student is involved in counseling or medical treatment outside the school setting (through licensed therapist or physician)									
<input type="checkbox"/> Other (Explain):										
<p>DESCRIBE THE ITEMS CHECKED ABOVE; INCLUDE BEGIN/END DATES FOR EACH APPLICABLE SERVICE, PROGRAM, OR CIRCUMSTANCE: <b>(Attach the supporting documentation; your signature below serves as a medical release of information. Additional evidence may be requested.)</b></p>										
PROPOSED METHOD OF TRANSPORTATION TO TRANSFER SCHOOL:		CURRENT METHOD OF TRANSPORTATION TO HOME SCHOOL:								
<p>REASON FOR REQUEST:</p> <p style="text-align: center;"><b>(Attach additional pages and supporting documentation)</b></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 requested 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**

**FOR DISTRICT OFFICE PERSONNEL ONLY**

<p>RESPONSE TO APPLICATION:</p> <p style="text-align: center;"><input type="checkbox"/> Approved by IDT Committee</p> <p>Date Approved _____ Signature of IDT Chair _____</p>	<p style="text-align: center;"><input type="checkbox"/> Denied by IDT Committee</p> <p>Date Denied _____ Reason denied _____</p>
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REVISED: October 2015