



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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> 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:		
<u>Student Records (Please check one.)</u>							
<input type="checkbox"/> District has received Special Education records. (Records attached.)							
<input type="checkbox"/> Special Education records to be requested by SEAPCO. (Permit to Release Information Form #765 attached.)							
<u>Current Services</u>							
<input type="checkbox"/> Special Education				<input type="checkbox"/> Speech Therapy Only			
List any outside agency involvement:							
Approved by Administrator: _____ Date: _____							
Form Completed by (School Personnel): _____ Date: _____							
REMEMBER TO NOTIFY YOUR SPECIAL EDUCATION ADMINISTRATOR							
----- Office Use Only -----							
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***