



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**