

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:	М	F	Ν	Gra	ide:		Foster Child: Yes No	
SEAPCO Res. District #:	Serv. District #:					Sc	hool of Atte	ndance:	
SIS #:	Medicaid #:					Ethnicity:			
Student resides with:									
Parent/Guardian #1:			Lan	guage:			Email:		
Address:				City, State			ate, Zip:		
Home Phone:			Cell	Cell Phone:				Work Phone:	
Parent/Guardian #2:			Lan	Language:			Email:		
Address:				City,			ate, Zip:		
Home Phone:			Cell	Phone	):			Work Phone:	
DCFS Caseworker:			Lan	guage:			Email:		
Address:				City, State,			ate, 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	n The				
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									
*Plasso complete for special of students transferring into your district or reactivating special of students									

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