

**Out of State/Private School Student Transfer Parent Verification**  
**Registration Office**

In accordance with Section 2-3.13a of the School Code, all public school districts are to provide a form to any student who is moving out of the school district to verify whether or not the student is “in good standing” and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. “In good standing” means that the student is not being disciplined by an out-of-school suspension or expulsion, and is entitled to attend classes as of the date of this form. No public school district is required to admit a new student unless they can produce this form from the student’s previous Illinois public school district.

The School Code also stipulates that no school district is required to admit a new student who is transferring from an out-of-state public school unless the parent or guardian of the student certifies in writing that the student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring.

Please complete the information below regarding your student:

\_\_\_\_\_  
Student’s Name (Last, First, Middle)

\_\_\_\_\_  
Birthdate (Month, Day, Year)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Street Address of Student

\_\_\_\_\_  
City, and Zip Code

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address of Parent/Guardian (*if different from student*)

\_\_\_\_\_  
City, and Zip Code

**Please check (✓) the appropriate box:**

☐ I hereby attest that the above student is “in good standing” and is not currently serving a suspension or expulsion.

☐ I hereby attest that the above student is **not** “in good standing” due to a current suspension and/or expulsion from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address of Previous School

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date