



END OF SCHOOL YEAR REQUEST FOR TRANSFER FORM

Complete this form INSTEAD of the Registration Forms if your student will NOT be returning back to North Chicago School District #187 for the school year. If your student has been accepted to and will attend LEARN 6/Learn 10 Charter School, you should complete this form.

Student's Name (print): _____

Date of Birth: ____/____/____ Current Grade Level: _____

My student _____ will not be returning to North Chicago School District #187 AND I am requesting a Transfer Form

Parent/Guardian Name (print): _____

Signature: _____ Today's Date: ____/____/____

Phone Number: (_____) _____ - _____

*UPON SUBMITTING THIS REQUEST, YOUR STUDENT WILL NOT BE ENROLLED TO ATTEND SCHOOL IN NORTH CHICAGO SCHOOL DISTRICT #187. YOU WILL BE REQUIRED TO RE-ENROLL TO ATTEND. THIS INCLUDES PAYMENT OF FEES, PROOF OF RESIDENCY, AND COMPLETING ALL NECESSARY ENROLLMENT FORMS.

Do NOT sign below until you have received your Transfer Form.

I am the Parent/Legal Guardian to _____
I have received the requested Transfer Form.

Signature *Date*

Staff Use Only

Date Received: _____ Date Transfer is Prepared: _____
School Official: _____ Date Transfer is Delivered: _____

