



NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT #187

Office of District Registrar

1717 Seventeenth Street North Chicago, Illinois 60064

Phone: 847-578-7400 Ext. 7249 Fax: 847-689-7478

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 2016-2017 school year. If your student has been accepted to and will attend LEARN 6 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: _____