



COMMUNITY UNIT SCHOOL DISTRICT 201 TRANSFER IN/NEW STUDENT QUESTIONNAIRE

Student Name _____ Date of Birth _____
(Please Print)

Please check the appropriate column for the documents or information requested:

- | | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. A certified copy of birth certificate | _____ | _____ |
| 2. Established residency (need two of the following) | _____ | _____ |
| a. Renter – Copy of lease agreement
Copy of current utility bill
Rent receipt | | |
| b. Owner - Copy of title
Copy of tax bill
Copy of current utility bill
Copy of closing statement
Copy of bill of sale | | |
| 3. Legal guardianship – Copy of court order for child living with someone other than parents. | _____ | _____ |
| 4. Other Court Orders – Copy of any court order which may affect your child's welfare/safety at school (i.e. custody, restraining, etc.) | _____ | _____ |
| 5. Has your child ever been retained for a school year?
If so, what year? _____ | _____ | _____ |
| 6. Has your child ever received any special assistance in his/her school history? What kind? _____ | _____ | _____ |
| 7. Does your child have a current I.E.P.? | _____ | _____ |
| 8. Does your child have any health problems? If so, please describe: _____ | _____ | _____ |
| 9. Is your child presently taking any medications?
Type? _____ | _____ | _____ |
| 10. Do you have a copy of the Illinois State Student Transfer Form from your previous school that indicates the state Student ID (SID) number? | _____ | _____ |

Signature of Parent/Legal Guardian

Date