

Lake County School District 7

Code: **JECB-AR(4)**
Revised/Reviewed: 2/09/15

Application for Nonresident Student Admission – Interdistrict Transfer

For Office Use Only

Transfer requested for School Year _____

Student ID# _____

Student Information

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Student Grade Level in [2014-2015] _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

E-mail Address _____

Parent/Guardian Name (Person in Parental Relationship) _____

Is the student currently under expulsion? Yes No

If yes, what was the reason? _____

[Is there a sibling of this applicant currently attending in this district? Yes No

If yes, name of sibling and school attending: _____]

[Does the student currently have a transfer for the 2013-2014 school year? Yes No]

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of Nonresident District: Approved Denied Lottery number _____

Reason for denial: _____

Superintendent/Designee: _____ Date _____