

2013-14 Section 25 FTE Transfer Request

Save a copy of this report to your desktop before filling out the document! Once completed, save the file and attach it to an email. Send it to: sonya.schultz@berrienresa.org



Enrolled Pupil's Name: Last, First, MI	UIC	Date of Birth	Res. (Y/N)	Res. District if N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of District Enrolling Pupil	District Code	District Contact, Email and Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of District Pupil Exited	District Code	District Claiming Pupil in Fall Count	District Code	ISD Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Pupil's Enrollment & Membership Information in New District**

Building	Grade	Date Enrolled	Date of Attendance	GE FTE	SE FTE	SE Prog Code	Sec 53	Sec 24
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Documentation:** The following documents must be submitted with this form. Place an X verifying that each is attached.

- Copy of parent/guardian completed enrollment form with signatures and date
- Copy of residency verification (N/A/ for PSA's)
- Pupil schedule
- Print-out or copy of pupil attendance verifying first day of attendance

*** For ISD Auditor Use Only**

FTE Claimed in October membership: GE FTE SE FTE None

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Verification with previous ISD if applicable:

Date	Initials	Comments:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Documentation Reviewed:

Date	Initials	Comments:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Request Approved: Request Denied: Date: Initials:

Manual Adjustments: Previous District: Prev. ISD (Y/N/NA): Enrolling District:

GE FTE	SE FTE	<input type="text"/>	GE FTE	SE FTE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

This verifies that documentation was reviewed, October FTE verified, SRM submission verified, previous ISD contacted if applicable, and appropriate approval, denial, or manual adjustment has been made in MSDS.

Signature: Date: