



# BEECHER ELEMENTARY SCHOOL

*Beecher Community School District 200U*

**NICOLE BLACK, PRINCIPAL**

Telephone: 708-946-2202

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## REQUEST FOR STUDENT RECORDS

Student Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Zion Lutheran School

Name of School Student is Transferring From

540 Oak Park Ave. Beecher, IL. 60401

Address of School Student is Transferring from (Street, City, State, ZIP)

This is a request for permanent and temporary records for the above-named student. Please forward the following documents to Beecher School District within 15 working days:

- ☒ Permanent cumulative records, including copy of birth certificate.
- ☒ Medical and health records.
- ☒ Illinois student transfer form.
- ☒ Official transcript of grades.
- ☒ Discipline and attendance records.
- ☒ Withdrawal grades (e.g. current grade report), if applicable
- ☒ Special education files, reports, and evaluations, if applicable.

PLEASE SEND ALL SCHOOL RECORDS ON THIS STUDENT TO:

Beecher Elementary School  
Attn: Student Records  
629 Penfield Street  
P.O. Box 308  
Beecher, IL 60401

**Illinois Academic Excellence Award Winning School**

**BEECHER COMMUNITY UNIT SCHOOL DISTRICT 200-U**  
**NEW STUDENT RESIDENCY FORM**

**2021/2022**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
[PLEASE PRINT] \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

New/Current Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

☐ Own ☐ Rent ☐ Reside with \_\_\_\_\_  
[NAME & RELATIONSHIP TO OWNER OF RESIDENCE] [ANTICIPATED LENGTH OF STAY]

How long at current address: \_\_\_\_\_ How long at previous address: \_\_\_\_\_

**Confidential Information-McKinney-Vento Services:** Please review to determine if your child qualifies for additional services. Are you currently living in any of the following:

- ☐ youth temporarily housed awaiting DCFS permanent foster care placement ☐ shelter/transitional living facilities  
☐ in a motel, campground or similar situation due to lack of alternative housing ☐ not living with a parent or legal guardian  
☐ sharing housing of others due to loss of housing, economic hardship or similar reason ☐ at train, bus station, park, a car or abandoned building

If you have not checked any of the above, please complete the remainder of this form.

Previous Address: \_\_\_\_\_ Previous Phone: \_\_\_\_\_

Name/Address of School Previously Attended: \_\_\_\_\_

Children's Special Programs/Services Received (Mark all that apply):

- ☐ Learning Disability ☐ Chapter I Reading ☐ ADD ☐ Behavior Disorder ☐ Speech ☐ Other

Children's Racial and Ethnic Identities (Optional): Mark one ethnic/racial identity:

- ☐ Hispanic/Latino ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander  
☐ Not Hispanic/Latino ☐ White ☐ American Indian or Alaska Native

Parent #1/Step/Guardian Full Name: \_\_\_\_\_ Parent #2/Step/Guardian Full Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Marital Status: \_\_\_\_\_ ☐ Custody Agreement provided

Parent #1/Guardian Maiden Name: \_\_\_\_\_ Parent #2/Guardian Maiden Name: \_\_\_\_\_

Parent #1/Guardian Primary Phone: \_\_\_\_\_ Parent #2/Guardian Primary Phone: \_\_\_\_\_

Parent #1/Guardian Employer: \_\_\_\_\_ Parent #2/Guardian Employer: \_\_\_\_\_

Parent #1/Guardian Work Phone: \_\_\_\_\_ Parent #2/Guardian Work Phone: \_\_\_\_\_

Parent #1 e-mail: \_\_\_\_\_ Parent #2 e-mail: \_\_\_\_\_

Year/Make/Color Vehicle #1: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

Year/Make/Color Vehicle #2: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

**NOTICE:** Only pupils who are eligible by statute may enroll tuition-free in the schools of this District. A person who knowingly or willfully presents to any representative of the District any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school of the District without payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. 105 ILCS §5/10-20.12b. Parents or legal guardians making a fraudulent registration or re-registration will be charged tuition for the duration the child attends classes in the Beecher School District. Further, all residents of the District are subject to verification of residency including investigation and surveillance if deemed necessary by any personnel of the Beecher School District, including any School Resource Officer.

I declare that I have read the above Notice and that the information I have provided is correct.

Date: \_\_\_\_\_ / \_\_\_\_\_  
Signatures of Parents/Guardians Completing Form

**For office use only:**

Bus Service Requested: ☐ Y ☐ N Bus Color: \_\_\_\_\_ Nearest Intersection: \_\_\_\_\_

Proofs of Residency (check two):

- \_\_\_\_\_ Occupancy Permit (**required for new construction only**)  
\_\_\_\_\_ House Closing Documents (Affidavit of Title/Warranty Deed/Bill of Sale)  
\_\_\_\_\_ Rental/Lease Agreement  
\_\_\_\_\_ Affidavit of Residency/Owner of Residency form (required if Rental/Lease Agreement checked)  
\_\_\_\_\_ Utility bill #1 containing the parents'/guardian's printed name/street address (Nicor, ComEd, AT&T, Propane, Internet/Cable)  
\_\_\_\_\_ Utility bill #2 containing the parents'/guardian's printed name/street address (Nicor, ComEd, AT&T, Propane, Internet/Cable)

ID: \_\_\_\_\_ Photo identification (**required**) (Driver's Licenses of parents/guardians/student)

Items used to show proof of custody or guardianship:

- \_\_\_\_\_ Natural Parents/Affidavit of Residency  
\_\_\_\_\_ Legal Guardian/Affidavit of Residency  
\_\_\_\_\_ Court Order appointing custody or guardianship of a minor child

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School District Personnel Verifying Residency