

New Student FTE Transfer Request (Section 25e)

Date: _____

SRM Date: _____

Student's Full Name (as listed in MSDS): _____

UIC#: _____ DOB: _____

Resident?: Yes _____ No _____ Non-Resident Code: _____

Enrolling District: _____ LEA Code: _____

Exiting District: _____ LEA Code: _____

Reason: _____ Moved into District
 _____ Schools of Choice
 _____ Foster Care Placement
 _____ Homeless
 _____ Other _____

Building	Grade	Date Enrolled	First Date of Attendance	Gen Ed FTE	Spec Ed FTE	Spec Ed Program Code	Sec 53

All documentation that must be provided with this request:

- _____ Enrollment Form with Signatures & Date
- _____ Copy of Residency Verification
- _____ Pupil's Schedule
- _____ Pupil's Attendance Record verifying First Day of Attendance

Comments: _____

Contact: _____ Phone Number: _____

Superintendent's Signature: _____ Date: _____

*Please submit form to Jessica Arkens, Pupil Accounting Auditor @ Menominee County ISD
 within Thirty (30) Calendar Days of Pupil's Enrollment.*