5-Q-B: SECTION 25E PUPIL MEMBERSHIP TRANSFERS

District		School Year	

INSTRUCTIONS: Complete for an enrollment after Fall Count Date through Day before Spring Count Date

S T U D E N T **I N F O R M A T I O N**

Student Legal Name (Please type/print) _____

(First)   (Middle)   (Last)

Date of Birth _____ **UIC** _____ **Current Grade Level** _____

Enrollment Date _____ **Date of First Full Day of Attendance** _____

Enrolling Building _____ **Building Code** _____

Resident (Y/N) _____ **If No, Resident District Name** _____ **Resident Code** _____

Previous School Name _____

Last day attended at previous school _____ **District Code** _____ **ISD Code** _____

District that Claimed Pupil in Fall Count _____

Last day attended at reported school _____ **District Code** _____ **ISD Code** _____

O F F I C E U S E O N L Y

Date of Section 25 SRM _____ **District Contact** _____

District Contact Email _____ **Phone Number** _____

Principal Authorization to proceed to claim FTE   **Approved** _____   **Denied** _____

Principal Signature _____ **Date** _____

Application Sent to Auditor (Date) _____

Supporting Documentation Sent to Auditor (Date) _____

Ran Quality Review and Certified the SRM Collection (Date) _____

NOTES: _____

ISD AUDITOR USE ONLY

Pupil's Enrollment & Membership Information in New District

Building		Grade	Date Enrolled	First Date of Attendance	

GE FTE	SE FTE	SE Prog Code	Virtual	# Virtual Courses	Sec 53	Sec 24

Documentation: The following documents were submitted.

_____ **Copy of parent/guardian completed enrollment form with signatures and date**

FTE claimed in October membership: **GE** _____   **SE** _____   **53** _____

Verification with previous ISD if applicable: **Date** _____   **Comment** _____

Documentation reviewed: Date _____   **Comment** _____

Request Approved _____   **Request Denied** _____

CEPI Adjustment _____   **Manual Adjustment** _____

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

_____   _____

Signature   **Date**

NOTES: _____