

East Moline School District # 37
Administration Office
3451 Morton Drive
East Moline, IL 61244
309-792-2887 309-792-6010



School Transfer Request

____ NEW APPLICATION

____ RENEWAL

Student Name _____

Grade Entering _____

Parent Name _____

Phone _____

Address _____

Will parent transport to and from school? _____

Please check any services that your child receives.

☐ IEP

☐ 504

☐ Bilingual

Parent Email Address _____

ASSIGNED SCHOOL FOR YOUR RESIDENCE:

☐ Bowlesburg ☐ Hillcrest ☐ Ridgewood ☐ Wells

SCHOOL REQUESTED:

☐ Bowlesburg ☐ Hillcrest ☐ Ridgewood ☐ Wells

REASON FOR TRANSFER REQUEST

☐

Day Care:

Day Care Provider Name: _____ Address _____

* EMSD37 reserves the right to confirm the information provided. Day Care providers listed will be contacted to verify your child care status.

☐

Other: (please specify): _____

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Request:

☐ Approved

☐ Denied

Signature of Superintendent

Date