

Aurora Public Schools
Elementary Transfer/Withdrawal/Checkout information
Student Information Sheet for Receiving School (Optional copy for parents)

ENTER YOUR SCHOOL NAME HERE	ENTER YOUR SCHOOL ADDRESS HERE
ENTER YOUR SCHOOL PHONE HERE	ENTER YOUR SCHOOL FAX HERE

Student Information to be Completed by Office:

Student Name:		Student ID #:
Grade:	Birth Date:	Date of Withdrawal:
<input type="checkbox"/> In-District Transfer <input type="checkbox"/> Out-of-District Transfer To: _____ <input type="checkbox"/> Other _____		
Attendance Information: Days Present: _____ Days Absent: _____		
<input type="checkbox"/> If the child has been enrolled 20 days or more since the last reporting period, complete the remainder of this page. <input type="checkbox"/> If the child has been enrolled 20 days or more <u>and</u> within 10 days of the end of any quarter, you will need to complete and attach a new report card. Also complete the current DRA2 level and place value continuum level, plus check any additional information that might be helpful to the receiving teacher. <input type="checkbox"/> If the child has been enrolled less than 20 days since the last reporting period, you should attach a copy of the latest report card. Complete the DRA2 level and place value continuum, and also check any additional information or recommendations that would be helpful to the receiving teacher. <input type="checkbox"/> If the child has been enrolled less than 20 days TOTAL , return the cum folder to the office along with any other information you choose to add.		

Grading Information to be Completed by Teacher within 5 Days of Withdrawal

Quarter 1 _____ 2 _____ 3 _____ 4 _____ Teacher: _____

Subjects	Achievement Grade	Work Habits	Teacher's Initials	Comments
Reading				
Writing				
Math				
DRA2	Date Tested:	Level:		
Place Value Continuum	Date Tested:	Level:		

KEY A=Advanced; P=Proficient Achievement; PP=Partially Proficient Achievement; U=Unsatisfactory Progress

Additional Information to be Completed by Teacher:

Current Year	Recommended for Next Year (Complete During 4 th Quarter)
Individual Literacy Plan (Reading) Current Year Retention 504 Plan Special Education _____ (services) English Language Acquisition Gifted/Talented (attach copy of ALP) Counseling Health Care Plan Truancy/Attendance Concerns	Recommended for retention Individual Literacy Plan (Reading) Retained in same grade 504 Plan Special Education _____ (services) English Language Acquisition Gifted/Talented (attach copy of ALP) Counseling Health Care Plan

Records Sent to: _____ **Date:** _____

Parent Signature: _____