**Early On**

**Illuminate Transfer Student Request Form**

Please complete and return this form to the LEA Area Coordinator and Illuminate Data Entry Personnel.

Student Name: UIC #:

Parents/Guardians: Date of Birth:

Street Address: Date of Request:

City, State: Gender: Race:

Academic Placement (please indicate one)

CLMCAA Head Start  Sault Tribe Head Start

Sault ECDD Rudyard ECDD Newberry ECDD

Private Preschool:

Submitted to LEA Illuminate Data Entry Personnel:

Date of Submission:

Submitted to LEA Special Education Director:

Date of Submission:

Service Coordinator Requesting Illuminate Transfer:

Contact Information:

---This section to be completed by LEA Special Education Personnel---

Date of Activation: By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Education Director Signature Date