



**Glen Ellyn School District 41: Ignite Passion. Inspire Excellence. Imagine Possibilities.**

**Private/Parochial/Non-Illinois Public School Transfer Student Form**

Student Name: \_\_\_\_\_

I attest that I am the parent or legal guardian of the student listed above. I further attest that as of the date of this request for enrollment to District 41 schools, this student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring from.

School last attended:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*We make a difference. We embrace change together. We are a true team of professionals. We build the future.*

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Glen Ellyn School District 41, Superintendent Dr. Paul Gordon  
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