Lincoln Elementary Schools #27
304 Eighth Street • Lincoln, Illinois 62656

Transfer Request Form

Today's Date:	Request for 20 ___ - 20 ___ School Year

Child's Name:	Grade (upcoming year):
Parent's Name:	
Home Address:	Lincoln, IL 62656
Home Phone:	Work Phone:
Email address:	
School of Residence:	
School Requested:	
Reason for request:	

Return this form to the Administration Office, 304 Eighth Street.
(Requests will be processed in mid-August when final counts are determined.)