

SY 2025-2026 Section 25e FTE Transfer Request - WAYNE RESA

Enrolled Pupil's Name: Last, First, MI				UIC	Date of Birth	Res. (Y/N)	Res. District if Not		Non-Res Code	Non-Trad Code

Name of District Enrolling Pupil				District Code	Date of SRM	District Contact, email and phone number + ext.				

Name of District Pupil Exited		District Code	Building	District Claiming Pupil in Fall Count		District Code	ISD Code	

\*Pupil's Enrollment & Membership Information in New District

Building		Grade	Date Enrolled	First Full Date of Attendance	GE FTE	SE FTE	SE Prog Code	Sec 53	Sec 24

\*Documentation: The following documents must be submitted with this form. Place an X verifying that each is attached.

1.		Copy of parent/guardian completed enrollment form with signatures and date.
2.		Copy of residency verification form ( <b>does not apply to PSAs</b> )
3.		Pupil schedule
4.		Print-out or copy of pupil attendance verifying first full day of attendance

\*For ISD Auditor Use Only

FTE claimed in October membership:	GE FTE	SE FTE		None

Verification with previous ISD if applicable:	Date	Initials	Comments:

Documentation Reviewed:	Date	Initials	Comments:

Request Approved:		Request Denied:		Date:		Initials:	
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CEPI Adjustment		Previous District:		Prev. ISD Notified (Y/N/NA):	Enrolling District:	
OR		GE FTE	SE FTE		GE FTE	SE FTE
Manual Adjustment						
Comments:						

This verifies that documentation was reviewed, October FTE verified, SRM submission verified, previous ISD contacted if applicable, and appropriate approval, denial, or manual adjustment has been made in MSDS.

Auditors Signature

Date