

Dr. Steve Webb
Superintendent

Phone: (618) 995-9831
Fax: (618) 995-9831
swebb@gorevilleschools.com



Mrs. Jeri Miller, Principal, 6-12
jerimiller@gorevilleschools.com

Mrs. Christina King, Principal, PrK-5
christiking@gorevilleschools.com

Phone: (618) 995-2142
Fax: (618) 995-1188

201 S. FERNE CLYFFE ROAD - GOREVILLE, IL 62939-2698 - www.gorevilleschools.com

Date: _____

NAME OF SCHOOL AND ADDRESS:

REGISTRAR:

_____ has enrolled in our school for the
_____ school year in grade _____.

Please forward the following:

Official transcript	_____	Illinois Transfer Form	_____
Test Scores	_____	Special Education Information	_____
Withdrawal Grades	_____	Immunization records	_____
Medical Examination	_____	Disciplinary Reports	_____

Sincerely,

Jeri Miller,
Principal, 6-12

Christina King,
Principal, PrK-5

Please send the information to:

REGISTRAR
GOREVILLE COMMUNITY SCHOOL DISTRICT #1
201 S. FERNE CLYFFE ROAD
GOREVILLE, IL 62939

*It is mandatory for any student transferring from ANY ILLINOIS PUBLIC SCHOOL to provide us with the STUDENT TRANSFER FORM in accordance with Section 2-3.13(a) of the Illinois School Code.

Authorization is hereby given to release all special education records of my son/daughter to the above named person at Goreville Unit School District #1.

SIGNED: _____ DATE: _____

