ILLINOIS STATE BOARD OF EDUCATION

100 North First Street
Springfield, Illinois 62777-0001

ENTITY CLOSURE FORM

DATA STRATEGIES AND ANALYTICS DEPARTMENT

DIRECTIONS: Use this form to close an entity operated by a public school district. Before completing the form, refer to the ISBE Data Collections Key Dates webpage for the deadline to submit major Entity Profile System (EPS) changes for the upcoming school year. Requests submitted after the deadline will be considered on a case-by-case basis.

Complete all fields **electronically**. The last page of this document is for ISBE use only.

After completing the form, email it to EPSChange@isbe.net. Please allow for at least two weeks to process each major EPS change request.

If you have questions, review the documentation posted on the ISBE EPS webpage. Questions about the submission process, including which form(s) are needed, can be directed to the EPS team at 312-814-9192 or EPSChange@isbe.net.

Entity Closure

EFFECTIVE DATE CHANGE	SCHOOL YEAR CHANGE WILL BE IMPLEMENTED (e.g. SY 2025-26)
DISTRICT NAME	DISTRICT RCDTS CODE

RCDTS Code Closing

ENTITY NAME (max 58 characters)	SHORT ENTITY NAME (max 33 characters)
RCDTS CODE TO CLOSE	GRADE LEVELS SERVED
IS THE ENTITY A NEW HOME ENTITY OR SERVING- ONLY ENTITY?* ☐ Home entity ☐ Serving-only entity	IS THIS A STANDALONE SPECIAL EDUCATION ENTITY? ☐ Yes ☐ No
ADMINISTRATOR NAME	ADMINISTRATOR EMAIL
PHONE NUMBER (include Area Code)	FAX NUMBER (include Area Code)
ADDRESS (Include Street, City, State, and ZIP Code)	

** A home entity is the entity a student attends or would attend if not placed/transferred to another school/program to receive needed services.*

Explain which entities' attendance in the district will be affected and how:

List the reasons for implementing the change(s):

ISBE Use Only

Due Dates

DATE ADDED TO NEEDS APPROVAL FOLDER	DATE SENT TO MAJOR CHANGE TEAM	APPROVAL DUE DATE

	DECISION	SIGNATURE	DATE
Accountability Representative	☐ APPROVE ☐ DISAPPROVE		
School and District Improvement Representative	☐ APPROVE ☐ DISAPPROVE		
EPS Team	☐ APPROVE ☐ DISAPPROVE		
Title Representative	☐ APPROVE ☐ DISAPPROVE		

Reasoning for Disapproval

NAME	DATE	REASON