



ANNUAL REQUEST FOR OUT OF DISTRICT STUDENT TRANSFER

I, _____ (parent/guardian/custodian name), _____ (student name), a resident student in the _____ School Corporation, request consideration of the above named student in the non-resident school corporation of _____.

Current Address: _____

Phone: _____ Grade Level: _____

Reason for Transfer: _____

Parent/Guardian/Custodian Signature

Date

I understand:

- (a) I agree to discuss this request with my resident superintendent;
- (b) The enrollment is for educational purposes only;
- (c) The student is in good standing in his/her residential school corporation;
- (d) I agree to provide transportation to and from school

The decision of the superintendent to recommend acceptance will be based upon:

1. Financial impact of the enrolled student on residential students (inclusion in ADM count)
2. The student's attendance, academic, and disciplinary records at the previous school and status regarding graduation
3. Class size and program capacity of the school/grade level in which the student request to enroll;
4. The availability of curricular or academic programs that are specifically aligned with the student's demonstrated academic or career aspirations;
5. The willingness and ability of the parents, guardians, custodians to provide transportation to and from the school and extra-curricular activities as appropriate; and
6. The compatibility of the proposed enrollment with the standard of organizations with which the school corporation is affiliated such as the IHSAA (Indiana High School Athletic Association)

The transfer shall not place an undue burden on the school corporation, and no transfer shall be accepted for enrollment for athletic reasons.

SUPERINTENDENT'S OFFICE USE ONLY

Resident Superintendent, please confirm the information in this transfer request is correct. Sign, date, and mark whether this request has been approved or only acknowledged.

_____ *Transfer Approved*

_____ *Transfer Acknowledged*

Comments: _____

Resident Superintendent's Signature

Date

Non-Resident Superintendent, please review this transfer request. Sign, date, and mark whether it is approved or denied. Send a copy of the final determination to the resident superintendent's office.

_____ *Transfer Approved*

_____ *Transfer Denied*

Comments: _____

Non-Resident Superintendent's Signature

Date