

APPLICATION REQUEST FOR TRANSFER FROM NON-RESIDENT STUDENT

DATE REQUESTED SUBMITTED: _____

PARENTS WHO LIVE OUTSIDE THE SOUTH SPENCER COUNTY SCHOOL CORPORATION AND WISH TO HAVE THEIR CHILD(REN) ATTEND SCHOOL IN THE SOUTH SPENCER COUNTY SCHOOL CORPORATION MUST COMPLETE THIS FORM. THIS FORM, WITH THE INFORMATION REQUESTED, MUST BE SUBMITTED TO THE SUPERINTENDENT OF THE SOUTH SPENCER COUNTY SCHOOL COPORATION.

STUDENT NAME(S): _____

STUDENT(S) GRADE LEVEL (AT TIME OF ENROLLMENT): _____

PARENTS/GUARDIAN NAME: _____

ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____

HOME DISTRICT: _____

SCHOOL LAST ATTENDED: _____

SCHOOL TO WHICH YOU WISH TO TRANSFER: _____

REASON FOR TRANSFER REQUEST: _____

PARENTS/GUARDIAN SIGNATURE: _____

DATE SIGNED: _____

Please attach academic records, discipline records, attendance records, and any additional information.



APPROVALS OF SCHOOL CORPORATIONS

- APPROVED
- NOT APPROVED

HOME DISTRICT
SUPERINTENDENT'S SIGNATURE _____ DATE: _____

- APPROVED
- NOT APPROVED

TRANSFER DISTRICT
SUPERINTENDENT'S SIGNATURE _____ DATE: _____

COMMENTS: _____

