

White County School Corporations
Annual Request for Transfer

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

Current Address: _____

Phone: _____ Grade Level: _____

Reason for Request: _____

Parent / Guardian / Custodian Signature

Date

I understand:

- (A) the enrollment is for educational purposes only;
- (B) the student is in good standing in his/her residential school corporation
- (C) I agree to provide transportation to and from school;
- (D) I agree to pay transfer costs in a timely manner as prescribed by the school corporation and the state law.

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

- 1. financial impact of the enrollment of the student on residential students (inclusion of the student in ADM count);
- 2. the student's attendance and academic record at the previous school and status regarding graduation;
- 3. the availability of curricular or programs that are specifically aligned with the student's demonstrated academic or career aspirations;
- 4. the student's disciplinary record at the previous school of attendance;
- 5. class size and program capacity of the school/grade level in which the student requests to enroll;
- 6. the willingness and ability of the parents, guardians, or custodians to provide transportation to and from the school and extra-curricular activities as appropriate; and
- 7. the compatibility of the proposed enrollment with the standards of organizations with which the school corporation is affiliated such as the 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 denied. If approved, send a copy of this request along with the student's attendance, academic, and disciplinary records to the non-resident superintendent's office for consideration.

TRANSFER APPROVED

TRANSFER DENIED

Comments: _____

Resident Superintendent 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 Signature

Date