## **White County School Corporation 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	l corporation of	·
Current Address:		
Phone:	Grade Level:	
Reason for Request:		
Parent/Guardian/Custodian Signature	Date	
(D) I agree to provide transportation	l purposes only; n his/her residential school corporation;	ion 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);
- The student's attendance and academic record at the previous school and the status regarding graduation;
- The availability of curricular or programs that are specifically aligned with the student's demonstrated academic or career aspirations;
- 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;
- 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				
		correct. Sign, date, and mark whether this request has been ince, academic, and disciplinary records to the non-resident  TRANSFER ACKNOWLEDGED		
Comments:				
Resident Superintendent Signature	Date			
Resident Supermendent 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			