

**TRANSFER OF NON-RESIDENT STUDENT  
APPLICATION**

**Date of Application:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_ **Parent Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Township:** \_\_\_\_\_

**Phone Number: Home** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**Student Birth Date:** \_\_\_\_\_

**School Corporation of Legal Settlement:** \_\_\_\_\_

**Name of Current School:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Grade Student will transfer into:** \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_

**Please answer the following questions by circling only one option:**

*Has the transfer student been suspended or expelled for more than 10 school days in the 12 months preceding the request for transfer: Yes / No*

*Has the student been suspended for possessing a firearm, deadly weapon, or destructive device in the preceding 12 months: Yes / No*

*Has the transfer student been suspended or expelled for causing physical injury to a student, school employee, or visitor to the school: Yes / No*

*Has the transfer student been suspended or expelled for violating a drug or alcohol rule: Yes / No*

*Did the transfer student have less than a 90% attendance rate during the current or previous semester: Yes / No*

**Current Academic Standing:** Above Average (A-B)    Average(C)    Below Average (D-F)

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**I certify all information on this form is accurate and understand falsified information may result in the transfer request being denied.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\* Office Use Only\*\*\*\*\*

**Determination:** Accepted / Denied

**Building Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_