

# SOUTH CENTRAL COMMUNITY SCHOOL CORPORATION



## STUDENT TRANSFER APPLICATION 2024-2025 SCHOOL YEAR

Name of Student: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ Grade level for 2024-25: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Previous School Name & Address: \_\_\_\_\_

Public School District in Which You Reside: \_\_\_\_\_

### Has your student:

had ten (10) or more days of suspension or expulsion over the last 12 months? Yes  No

been suspended for causing physical injury, drug / alcohol violations, or weapons? Yes  No

had ten (10) or more days of unexcused absences per semester in the last 12 months? Yes  No

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND AUTHORIZE THE RELEASE OF ALL PAST STUDENT RECORDS TO SOUTH CENTRAL COMMUNITY SCHOOL CORPORATION. I AM AWARE THAT SOUTH CENTRAL COMMUNITY SCHOOL CORPORATION MAY LEGALLY DENY THE REQUEST UNDER INDIANA CODE 20-26-11-32. I CERTIFY THAT THE STATEMENTS GIVEN ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING UPON MY SIGNATURE BELOW.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Non-Resident Student Transfer Applications will be accepted until 9/13/24 if class space is available.*

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_