

**SOUTH CENTRAL COMMUNITY SCHOOL
CORPORATION**



STUDENT TRANSFER APPLICATION
2020-21 SCHOOL YEAR

Name of Student: _____

Birth Date: _____ Grade: _____ Phone Number: _____

Permanent Address: _____

Parent/Guardian Name: _____

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 9/11/20.*

Principal Signature: _____ Date: _____

Approved _____ Denied _____

Superintendent Signature: _____ Date: _____

Approved _____ Denied _____