

STUDENT TRANSFER APPLICATION

Complete one form for each student transferring



Student Name: _____

Please select one transfer option below and complete the information on both sides of the form:

_____ **IN-DISTRICT TRANSFER - *ELEMENTARY STUDENTS ONLY***: (parent/guardian living within MCS district who want their child to attend a school in MCS district other than their home school.)

_____ **OUT-OF-DISTRICT TRANSFER** (parent/guardian living outside of the MCS district who wants their child to attend school in the MCS district prior to the Indiana State Count Day.)

Current School District Transferring From: _____

Previous school attended: _____

Previous school address: _____

Previous school phone number: _____

Please list a reason for the transfer request below:

Which MCS school should your student attend according to their home address:

Which MCS school are you requesting:

1st choice _____

2nd choice _____

Please initial below:

_____ I understand that I will need to complete a new application annually for each student and transfers are not guaranteed the next school year.

_____ I understand that my child's transfer may be rescinded or non-renewed due to poor attendance, tardiness, code of conduct/handbook violations, and the requested school's availability to accommodate.

_____ I understand that transportation is our responsibility and will not be provided by the district unless there is already an established bus route/pick-up location.

_____ I understand that when applying for sibling transfers, each individual student's attendance, code of conduct/handbook violations and the requested school's availability to accommodate will be reviewed individually.

_____ I understand that an out-of-state transfer will require an annual tuition payment.

STUDENT INFORMATION

Student's Full Name: _____
Last First Middle

Date of Birth: _____ Grade Entering: _____

Has the student ever been retained? YES NO Grade Retained: _____

Is your child currently expelled from another school? YES NO Date expulsion occurred: _____

Is English your child's primary language? (Circle one) YES NO

Are you transferring from another state? YES or NO

Is your child in Special Education with an Individual Education Plan? (Circle one) YES NO

If yes, please indicate the exceptionality for Special Education (Check one)*

* Please provide a copy of the IEP with this request if you are able to do so.

___ Learning Disability ___ Mild Mental Disability ___ Emotional Disability ___ Other Disability

PARENT/LEGAL GUARDIAN INFORMATION

Parent or Guardian name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Are you requesting a transfer for any other children in your family? (Circle one) YES NO

(If yes, list the names and grades of any brothers or sisters, (a form is required for each student)

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Principal Signature: _____ Date signed: _____

Director of Programs Signature: _____ Date signed: _____

Superintendent Signature: _____ Date signed: _____

Notification of Approval/Denial: _____ Date Notified: _____