

SUNMAN-DEARBORN COMMUNITY SCHOOLS

1 TROJAN PLACE, SUITE B
ST. LEON, INDIANA 47012
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DR. ANDREW JACKSON
Superintendent

TOM HARRIS
Director of Support Services

MARY ANN BAINES
Director of Financial Operations

Sunman-Dearborn School Corporation Application for **In District** Transfer Student

Date of Application: _____

Prospective Student Name: _____

School Year applying for: _____ Grade level in that school year: _____

Birth date of prospective student: _____

Custodial Parent/Legal Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Student's home school within Sunman-Dearborn School Corporation: _____

School student most recently attended and date(s) of attendance (This includes pre-school if student is applying to enroll in Kindergarten): _____

Does the student have an Individual Education Plan (IEP)? Yes _____ No _____

Does the student have a 504 plan? Yes _____ No _____

Equal Opportunity Employer

No person shall on the basis of age, race, color, religion, sex, handicapping conditions, or national origin, including limited English proficiency, be excluded from participation in, denied the benefits of, or be subjected to discrimination in employment, or recruitment, consideration, or selection. Information requested is used only to determine the applicants ability to meet job criteria and perform satisfactorily.

Student's primary language: _____

Discipline issues at most recently attended school? Yes _____ No _____

If yes, please explain the cause of the disciplinary action:

Reason(s) for requesting transfer:

I, _____, wish to officially apply for my child,
Parent/Guardian

_____ to attend a different school within the
Student Name

Sunman-Dearborn School Corporation. I understand that if accepted, I will need to make transportation arrangements for my child to and from school and this application, if accepted, covers my child for the _____ school year.

Parent/Guardian Signature Date

All applications are due by May 15. Final approval will be made by May 30. Any application received after May 15 will be approved on a first-come, first served basis.

___ Approved

___ Not approved

Superintendent Signature Date

Reason if not approved:

