

Smith-Green Community Schools
Application for Transfer of Non-Resident Student

Smith-Green Community Schools will accept student transfers from the end of the prior school year until February 1st of the current school year. The number of transfer students that can be accepted into each grade level shall not exceed 40 students. If the maximum number of transfer requests in any given year is above 40 students for a particular grade level, a drawing will be held to determine which students will be selected.

(Please print requested information.)

Date _____

Student Information:

Student Name _____

Street Address _____

City _____ Zip Code _____

Age _____ Date of Birth _____ Gender Male Female

Home School (school district you reside in) _____

Home School and Principal Contact Information (school your child currently attends)

School _____ Principal _____ School Phone # _____

Grade Level requested for academic year 20____ - 20____ school year (Please circle below.)

K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Guardian Information:

First and Last Name(s) _____

Street Address _____

City _____ Zip Code _____

Student lives with Mother Father Guardian Other

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail Address _____

Is parent/guardian able to provide transportation to school? Yes No

Smith-Green does not provide transportation outside of the school district's boundaries.

Per Indiana code 20-26-11-32, any application to transfer to the Corporation may be denied if the student has been suspended or expelled during the twelve (12) months preceding the student's request to transfer.

(j) Notwithstanding subsections (f), (g), and (h), a governing body of a school corporation may deny a request for a student to transfer to the school corporation or may discontinue enrollment currently or in a subsequent school year, or establish terms or conditions for enrollment or for continued enrollment in a subsequent school year, if:

(1) the student has been suspended (as defined in [IC 20-33-8-7](#)) or expelled (as defined in [IC 20-33-8-3](#)) during the twelve (12) months preceding the student's request to transfer under this section:

(A) for ten (10) or more school days;

(B) for a violation under [IC 20-33-8-16](#);

(C) for causing physical injury to a student, a school employee, or a visitor to the school; or

(D) for a violation of a school corporation's drug or alcohol rules; or

(2) the student has had a history of unexcused absences and the governing body of the school corporation believes that, based upon the location of the student's residence, attendance would be a problem for the student if the student is enrolled with the school corporation.

My child is currently expelled or is under consideration for expulsion: Yes No

My child has been suspended from school during the previous 12 months: Yes No

Please attach the following information/records for the child:

- School transcript of grades/standardized test results
- Attendance records
- Disciplinary record (from school currently attending) or proof of no discipline record
- Documentation of any special services, including speech, 504, or IEP (if applicable)

I am requesting this non-resident transfer for the following reason(s): _____

My signature below constitutes that all of the information provided above is true and I hereby authorize those persons, agencies, or entities that Smith-Green Community Schools contacts to provide the school system with verification of the above information. My signature affirms my understanding that upon approval of my transfer request, the district will not provide transportation to and from school for my child and the purpose of this transfer request is not for athletic purposes. I understand that I am responsible for my child's transportation to and from school. Furthermore, I understand that, if approved, this transfer is conditional based on my child maintaining a satisfactory level of performance in the areas of academics, attendance, and behavior.

Signature of Parent/Legal Guardian _____
Date

For School Office Use Only

Approved
 Denied for what reason _____
Principal's Signature _____ Date _____
Date Parent Contacted _____ By Whom _____

For Central Office Use Only

Approved
 Denied
Signature _____ Date _____
(Superintendent or Designee)

