

Delphi Community School Corporation
TRANSFER REQUEST APPLICATION FOR NON-RESIDENT

Student's Name: _____

Parent's Information:

Parent's Name

Parent's Telephone Number

Mailing Address

Physical Address

City, State, Zip Code

City, State, Zip Code

Transferring Information - Provide information about the school you are transferring from

School's Name

Last Semester Enrolled

Mailing Address

School's Telephone Number

City, State, Zip Code

School Corporation's Name

Student's Information:

Student's Age

Current Grade Level

Grade Completed

Please respond to the following questions:

- *Has the student been suspended or expelled for more than ten (10) school days in the twelve (12) months preceding the request for transfer? Yes No
- *Has the student been suspended or expelled for possessing a firearm, deadly weapon, or destructive device in the preceding twelve (12) months? Yes No
- *Has the student been suspended or expelled for causing physical injury to a student, school employee, or visitor to the school? Yes No
- *Has the student been suspended or expelled for violating a drug/alcohol rule? Yes No
- *Does the student have a history of unexcused absences and, based upon the location of the student's resident, attendance of the student would be a problem if enrolled in the corporation? Yes No

If you answered YES to any of the above questions, please explain the circumstances on an attached sheet of paper. A student requesting transfer to either the Middle School or the High School shall write a one page letter indicating why they are requesting transfer.

Please sign below to authorize the Delphi Community School Corporation Officials to contact your school for further information about your child.

Student's Signature

Parent's Signature

Please complete this form and return to:

Superintendent, Dan Ronk
Delphi Community School Corporation
501 Armory Rd., Delphi, Indiana 46923

Delphi Community School Corporation
PRINCIPAL/ADMINISTRATIVE TEAM INTERVIEW FORM

This form will be completed by the principal (or designee) after the receipt of the Transfer Request Application for Non-Resident Student.

Student's Name: _____

Parent's Information:

Parent's Name

Parent's Telephone Number

Mailing Address

Physical Address

City, State, Zip Code

City, State, Zip Code

Requesting Transfer From: _____

Student's Information: _____

Student's Age

Current Grade Level

Grade Completed

Student-Parent-School Interview

Date of Interview: _____

Individuals involved in the interview: _____

The principal's initials indicate a positive response to the below statements.

Principal's Initials

- *Copy of Board Policy provided to the parents. _____
- *Student/Parent has the ability to transport the student to/from school ensuring the student will be on time and picked up promptly. _____
- *The student has not been suspended or expelled for more than ten (10) school days in the twelve (12) months preceding the request for transfer. _____
- *The student has not been suspended or expelled for possessing a firearm, deadly weapon, or destructive device in the preceding twelve (12) months. _____
- *The student has not been suspended or expelled for causing physical injury to a student, school employee, or visitor to the school. _____
- *The student has not been suspended or expelled for violating a drug/alcohol rule. _____
- *The student does not have a history of unexcused absences, and based upon the location of the student's residence, attendance of the student would not be a problem if enrolled in the school corporation. _____
- *Grade level enrollment can accommodate the student's enrollment. _____
- *The transfer is not for athletic reasons. _____

Administrator Recommendation: _____(Approved) _____(Denied)

Superintendent Recommendation: _____(Approved) _____(Denied)

Delphi Community School Corporation
RESPONSIBILITIES FORM FOR NON-RESIDENT TRANSFER STUDENT

I, _____, am accepting full responsibility, including financial responsibility,
(Print name of parent/legal guardian)

as the parent/legal guardian of _____ for the _____ school year.
(Print name of student) (School year)

If the transfer is approved, I agree to the following conditions:

- The student shall comply with all conditions as set forth in the Board of Education Policy Manual, including, but not limited to, Section 516-Transfer Students, and the Student/Parent Handbook for the respective school which is applying.
- The student shall provide his/her own transportation to and from the school.
- The student must be able to arrive on time and be picked up immediately following school dismissal or immediately following the conclusion of the school sponsored activity in which the student participates.
- The student and parent are acknowledging that the reason for the transfer is not for athletic reasons.
- The approval for individual students can be revisited if warranted.

Parent's Information:

Parent's Name

Parent's Telephone Number

Mailing Address

Physical Address

City, State, Zip Code

City, State, Zip Code

Parent's SSN

Parent's Date of Birth

Parent's Signature

Student's Signature

Please complete this form and return to:

Superintendent, Dan Ronk
Delphi Community School Corporation
501 Armory Rd., Delphi, Indiana 46923