**Transfer Student Application**

Please return this form to the Superintendent of Schools – 1420 Corporate Way, Seymour, IN 47274.

If you have any questions about this form or process, please call 812-522-3340. Only one form is required for each family when they enter Seymour Community Schools. There is no need to submit a new form annually unless circumstances change (ex. moved out of district and want to return).

**Do you live in the Seymour Community School Corporation? (please circle one) YES NO**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name** | **Date of Birth** | **Grade for the 2022-2023 School Year** | **Home School** | **Requested School** | **Gender M/F** | **Special Programs in which currently enrolled. (Please include IEP/ILP if possible.)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for this Transfer Request: Attach a letter if additional space is needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Capacity for each grade level in each school building is determined and posted on the Seymour Community School Website – [www.scsc.k12.in.us](http://www.scsc.k12.in.us). When the number of eligible transfer applications exceeds the capacity of the grade level, a random drawing will take place at 11 a.m. on the third Friday of July in a public meeting in the Seymour Central Service Center Board Room. A copy of Policy 5111 is available online.

**Parent/Guardian Agreement:**

**I understand and accept the following if transfer request is approved:**

1. **Transportation will not be provided by the Seymour School Corporation. I agree to provide timely transportation to and from school and all school activities.**
2. Enrollment may be revoked for poor grades, low attendance, disruptive or uncooperative behavior on the part of the student and/or parent/guardian, tardiness, overcrowding, or other factors.
3. I understand building Principal will review student progress throughout the school year and will notify students and/or parents of issues that violate this application. Principals may issue a probationary warning that improvements are necessary or the application will be revoked.

I certify all the information on this application is correct to the best of my knowledge and understand the placement agreements listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent/Guardian Signature of Parent/Guardian Date

**The deadline for receipt of this form is the second Friday of July.**

**OFFICE USE ONLY:**

**APPROVED FOR:**

**BROWN CORTLAND EMERSON JACKSON REDDING 6TH GRADE SMS SHS OWL TECH**

**ENROLLMENT CLOSED AT:**