Tri-Township Consolidated School District Student Transfer Request (Please complete one application per child.)



Student Name:						Date of	of Birth:			
Address:										
Email:						Phone:				
Parent/Guardian F	Full Name:									
Grade for 24/25 Sch	. Yr.:				Grade Req	uested for 24	/25 Sch. Yr.:			
Present/Previous S	School:									
Please list sibling(s) name, g	grade and school 1	they are currently	attending.							
Name:			Grade:		School:					
Name:			Grade:		School:					
Name:			Grade:		School:					
Pursuant to State law, a student's application to transfer to the Corporation may be denied if the student has been suspended for ten (10) or more school days, or suspended or expelled for possession of a firearm, deadly weapon, or a destructive device, causing physical injury to a person, or a violation of the Corporation's drug or alcohol rules during the twelve (12) months preceding the student's request to transfer. Does the student receive any special services? (This information is requested to assist Tri-Township in properly placing your student.)										
IEP (*	Speech	*Behavior ich of the above perto	*Learning		/slexia		High Ability	ELL		504
Does the student have any major/specific medical needs or a health plan? (If yes, please explain): I give permission to the										
If any of the information provided on this form is found not to be accurate, acceptance of this application may be voided at the option of the Tri-Township School Corporation. The requested information is used only to support the application process. All information will remain confidential.										
TO BE COMPLETED BY TRI-TOWNSHIP CONS						ATED SCHO	OOL CORPO	RATION		
Principal's Signat	ture:				Date: _		Appro	oved	Denie	d
Superintendent's Signature:					Date:_		Appro	oved	Denie	d
*You will be required to reapply for consideration to attend Tri-Township School Corporation, which is not guaranteed, prior to the start of each school year. This approval is only for the current school year.										
The Corporation may deny transfer into the school district if the student has a history of unexcused absences and would potentially pose a problem of low attendance.										
Approval/Denial form sent to parent/guardian: Date:										