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



Student Name:		Date of Birth:					
Address:							
Email:	Phone:						
Parent/Guardian Full f	Name:						
Grade for 25/26 Sch. Yr.:			Grade Requested for 25/26 Sch. Yr.:				
Present/Previous Scho	ool:						
Please list sibling(s) name, grade a	and school they are current	y attending.					
Name:		Grade:	School:				
Name:		Grade:	School:				
Name:		Grade:	School:				
Pursuant to State law, a student's expelled for possession of a firear twelve (12) months preceding the Does the student receive any spec	m, deadly weapon, or a des student's request to transfe	structive device, causing phys r.	ical injury to a person,	or a violation of the Corp	)) or more school oration's drug or al	days, or suspend icohol rules durk	ded or ng the
IEP / *Speech	*Behavlor	*Learning *Dysia	eda)				
	ree select which of the above pert			High Abit	ity EL	L 5	04
Does the student have any (if yes, please explain):	/ major/specific medi	cal needs or a health p	olan?		Υe	es N	lo
I give permission to	the	nt's Current District)	School D	istrict to release all	school record	s to Tri-Town	nship
Consolidated Sch	ool Corporation for	The Content States					_
if any of the information provided requested information is used only	on this form is found not to to support the application p	be accurate, acceptance of the rocess. All information will re	nis application may be	(Student)  voided at the option of the	e Tri-Township Sch	ool Corporation	The
TO BE	COMPLETED BY T	RI-TOWNSHIP CO	ONSOLIDATED	SCHOOL COR	PORATION		
Principal's Signature:			_ Date:	Ap	proved	Denied	
Superintendent's Sigr	nature:		Date:	Ар	proved	Denied	
You will be required to re of each school year. This a	eapply for considerate approval is only for the	ion to attend Tri-Town e current school year.	ship School Corp	poration, which is n	ot guaranteed	, prior to the	start
The Corporation of unexcused ab	may deny tra sences and w	ansfer into the vould potentia	e school di ally pose a	strict if the st problem of I	tudent ha low atten	ıs a histo ıdance.	ory
hpproval/Denial form	sent to parent/g	juardian: Date:					

Submit form to: tmcardle@tritownship.kl2.in.us