

**Application for Transfer of Non-Resident Student
to the
Seymour Community School Corporation**

Student's Name: Last _____ First _____ MI _____
DOB _____ Gender _____ Grade _____ Current Teacher _____
Address _____ City _____ State _____ ZIP _____
Contact Numbers: Home _____ Cell _____ Business _____
Requested School _____ School Year _____

Special Program(s) in which currently enrolled (circle):

Special Services Title 1 Gifted Other _____

Reason for this Transfer Request: _____

Attach a letter if more space is needed.

One child/student per Application.

Capacity for each grade level in each school building is determined and posted on the Seymour Community School Website at www.scsc.k12.in.us. When the number of eligible transfer applicants exceeds the capacity of the grade level, a random drawing will take place in a public meeting prior to the start of school. A copy of Policy 5111 is attached for your review.

Parental/Guardian Agreement:

I understand and accept the following if placement is approved:

1. Transportation will not be provided by the Seymour School Corporation.
2. Enrollment may be revoked for poor grades, low attendance, disruptive or uncooperative behavior on the part of the student and parent/guardian, tardiness, overcrowding, or other factors.
3. If this request is approved, this does not constitute a permanent transfer. The parent/guardian must reapply each school year.
4. I understand that a transfer request cannot be considered for athletic purposes.
5. I agree to provide timely transportation to and from school and all school activities.

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

_____ Date _____ (Print) Name of Parent/Guardian _____ Signature of Parent/Guardian

Please return this form to the Superintendent. You may deliver or mail this form to the Superintendent of Schools, located on 1638 South Walnut Street, Seymour, Indiana 47274. If you have any questions about this form or process, please call 812-522-3340. In the case of a transfer student with a disability, the Superintendent must consult with the Corporation Director of Special Services.

The deadline for receipt of this form is the fourth Friday of July for the first semester and the fourth Friday of December for the second semester.

OFFICE USE ONLY:

Approved for _____ School

Enrollment Closed at _____ School