

<b>Penn-Harris-Madison School Corporation School Transfer Request for Resident Students in School Year 2014-2015</b>	Return this form to any school office or to ATTN: Heather Short, Educational Services Center, 55900 Bittersweet Road, Mishawaka, IN 46545
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This form is used to request a transfer between buildings for students who live within our district. It will not admit out-of-district students.

**PLEASE** TRANSFERS ARE GRANTED FOR ONLY ONE YEAR AT A TIME. YOU MUST REAPPLY EACH SCHOOLYEAR.  
**NOTE:** THE FIRST DAY 2014-2015 TRANSFER REQUESTS WILL BE ACCEPTED IS **JANUARY 13, 2014.**  
 THE FIRST DEADLINE FOR SUBMITTING 2014-2015 TRANSFER REQUESTS IS **February 28, 2014.**  
 THOSE REQUESTS SUBMITTED BY FEBRUARY 28 WILL BE PROCESSED AND ANNOUNCED BY **MAY 30, 2014.**  
 REQUESTS RECEIVED AFTER FEBRUARY 28 MAY BE HELD FOR PROCESSING UNTIL AFTER THE START OF THE  
 SCHOOL YEAR. REQUESTS SUBMITTED AFTER THE SCHOOL YEAR STARTS REQUIRE ONE WEEK TO PROCESS.

Today's date \_\_\_\_\_

Student \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Please provide daytime contact information below, in case we need to discuss this transfer request with you:

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

School student is expected to attend based on your home address \_\_\_\_\_

School student now attends (in the 2<sup>nd</sup> semester of 2013-14) \_\_\_\_\_ Grade \_\_\_\_\_

School student wishes to attend as a transfer student in 2014-15 \_\_\_\_\_ Grade \_\_\_\_\_

Does the student have an IEP, or receive special education services?     YES                       NO

Is either parent an employee of Penn-Harris-Madison School Corporation?     YES                       NO

If YES, give name and workplace \_\_\_\_\_

Reason for requesting transfer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Regarding transportation: PHM does not provide transportation across school boundaries. Does the student plan to use a pick-up or drop-off address (e.g. daycare, relative) within the transfer school's boundaries for bus transportation?  
 NO     YES    If yes, please give the address and contact information below so we can verify the arrangement.

Address \_\_\_\_\_

To be used for (check one):    A.M. pick-up \_\_\_\_\_    P.M. drop-off \_\_\_\_\_    Both A.M. and P.M. \_\_\_\_\_

Name of adult at this location \_\_\_\_\_ Phone # \_\_\_\_\_

***I understand that, if approved, this transfer is conditional on my student maintaining satisfactory attendance and behavior.***

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN (REQUIRED)**

FOR CENTRAL OFFICE USE ONLY: Date received at ESC: \_\_\_\_\_ Effective date: SOY/ \_\_\_\_\_ Type: N R MSCoh Cont ST

\_\_\_\_\_ Request approved    \_\_\_\_\_ Parent informed    \_\_\_\_\_ Excel Spreadsheet

\_\_\_\_\_ Schools informed    \_\_\_\_\_ es+ TR1 / es+ NYB

\_\_\_\_\_ Request denied    \_\_\_\_\_ Transpo copy to school    \_\_\_\_\_ JT.Svc. informed    Revised 1/8/14