

SUNMAN-DEARBORN COMMUNITY SCHOOLS

1 TROJAN PLACE, SUITE B
ST. LEON, INDIANA 47012
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DR. ANDREW JACKSON
Superintendent

TOM HARRIS
Director of Support Services

MARY ANN BAINES
Director of Financial Operations

Sunman-Dearborn School Corporation Application for **Out of District** Transfer Tuition Student

Date of Application: _____

Prospective Student Name: _____

School Year applying for: _____ Grade level in that school year: _____

Birth date of prospective student: _____

Custodial Parent/Legal Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Student's home school district/corporation: _____

School student most recently attended and date(s) of attendance (This includes pre-school if student is applying to enroll in Kindergarten): _____

Student's most recent grades: **Please attach a copy of the student's most recent report card and/or transcript.**

Does the student have an Individual Education Plan (IEP)? Yes _____ No _____

Does the student have a 504 plan? Yes _____ No _____

Equal Opportunity Employer

No person shall on the basis of age, race, color, religion, sex, handicapping conditions, or national origin, including limited English proficiency, be excluded from participation in, denied the benefits of, or be subjected to discrimination in employment, or recruitment, consideration, or selection. Information requested is used only to determine the applicants ability to meet job criteria and perform satisfactorily.

Student's primary language: _____

Student's attendance at previous school: **Please attach a copy of the student's attendance.**

Discipline issues at most recently attended school? Yes _____ No _____

If yes, please explain the cause of the disciplinary action:

Reason(s) for requesting to attend Sunman-Dearborn Community Schools:

I, _____, wish to officially apply for my child,

Parent/Guardian

_____ to attend school within the Sunman-

Student Name

Dearborn School Corporation and grant permission for Sunman-Dearborn to contact my child's previous school for records and/or any additional information. I understand that if accepted, I will need to make transportation arrangements for my child to and from school and this application, if accepted, covers my child for the _____ school year.

Parent/Guardian Signature

Date

All applications are due by May 15. Final approval will be made by May 30. Any application received after May 15 will be approved on a first-come, first served basis.

____ Approved

____ Not approved

Superintendent Signature

Date

**OUT OF DISTRICT STUDENT ADMISSION
ACKNOWLEDGEMENT FORM**

The Sunman-Dearborn School Corporation’s policy on out of district student admission requires that the out of district applicant provide this signed acknowledgement form from the resident school corporation that acknowledges the corporation’s awareness of the student’s intent to enroll in the Sunman-Dearborn Community School Corporation.

The following signature from an administrator of the out of district applicant’s resident school corporation serves as the acknowledgement.

Signature of Administrator

Date

Printed Name of Administrator

Resident School Corporation

Student Name

School Year applying for: _____

Grade level in that school year: _____

Parent/Guardian Signature

Date