

# SUNMAN-DEARBORN COMMUNITY SCHOOLS

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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

