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DR. ANDREW JACKSON Superintendent

CINDY MORTON 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 applying to enroll in Kindergarten):
Student's most recent grades: Please attach a copy of the student's most recent report card and transcript.
Does the student have an Individual Education Plan (IEP)? Yes No
Does the student have a 504 plan? Yes No

Student's primary language:	
Student's attendance at previous school: Please attach a c	opy of the student's attendance.
Discipline issues at most recently attended school? Yes If yes, please explain the cause of the disciplinary action:	No
Reason(s) for requesting to attend Sunman-Dearborn Comm	munity Schools:
I,Parent/Guardian	, wish to officially apply for my child,
	_ to attend school within the Sunman-
Student Name Dearborn School Corporation and grant permission for Sunschool for records and/or any additional information. I und transportation arrangements for my child to and from school child for the school year.	nman-Dearborn to contact my child's previous derstand that if accepted, I will need to make
Parent/Guardian Signature	Date
All applications are due by May 15. Final approval will received after May 15 will be approved on a first-come,	
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

Please Note - Only required for first year of transfer