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DR. ANDREW JACKSON  
Superintendent

CINDY MORTON  
Director of Support Services

MARY ANN BAINES  
Director of Financial Operations

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Sunman-Dearborn School Corporation  
Application for **In District** Transfer 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 within Sunman-Dearborn School Corporation: \_\_\_\_\_

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

\_\_\_\_\_

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

Does the student have a 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Student's primary language: \_\_\_\_\_

Discipline issues at most recently attended school? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Reason(s) for requesting transfer:

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I, \_\_\_\_\_, wish to officially apply for my child,  
Parent/Guardian

\_\_\_\_\_ to attend a different school within the  
Student Name

Sunman-Dearborn School Corporation. 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