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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 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 _____

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

