

Transfer Request Application
DEADLINE JULY 31ST

Note: A form must be filled out for each child in a family.

Students Full Name: _____

Date of Birth: _____

Parent(s) or Legal Guardian(s) _____

Parent's Legal Residence Address: _____

Address is located in _____ School District.

Parent's best contact telephone number: _____

School last attended: _____

By signing the parent/guardian attests that this move is not for athletic reasons, nor to avoid disciplinary action at their child's current school, and that all criteria listed in Greencastle School Corporation Policy 5111 have been met. Parents also understand that the individual building principal and superintendent both must agree to the transfer. Payment details are to be established with the corporation treasurer before the student will be allowed to enroll, if transfer is after student count day.

Parent signature: _____ Date: _____

School to attend: _____

Building Principal: _____ Date: _____

Superintendent: _____ Date: _____

Added to district transfer spreadsheet: ___ completed

Revised - Spring 2018