



MSD OF NEW DURHAM TOWNSHIP

Student Transfer Application

Name of Student: _____

Birth Date: _____ Grade Entering: _____ Phone: _____

Permanent Address: _____

Parent/Guardian Name(s): _____

Previous School: _____

Public School District in which You Reside: _____

Has your student:

had ten (10) or more days of suspension or expulsion in the last 12 months? Yes No

been suspended for causing physical injury, drug or alcohol violations, or weapons? Yes No

had ten (10) or more days of unexcused absences per semester in the last 12 months? Yes No

Please initial next to the following statements and sign at the bottom of the page.

I hereby certify that the above information is true and authorize the release of all past student records to MSD of New Durham Township. _____
(initial)

I understand that MSD of New Durham Township may legally deny this request for enrollment under Indiana Code 20-26-11-32. _____
(initial)

I further understand that my child's enrollment may be denied at any point throughout the school year for violations listed above, per Indiana Code 20-26-11-32. _____
(initial)

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date application received: _____ School Year of Enrollment: _____

Approved Denied Principal signature: _____ Date: _____

Approved Denied Superintendent signature: _____ Date: _____