



**Garrett-Keyser-Butler Community School District
Application for Transfer of Non-Resident Student**

(Please print requested information)

Date _____

Student Information:

Student Name _____

Street Address _____

City _____ Zip Code _____

Age _____ Date of Birth _____ Gender Male Female

Home School (school district you reside in) _____

Home School and Principal Contact Information (school your child currently attends)

School _____ Principal _____ School Phone _____

Grade Level requested for academic year 20____ - 20____ school year (Please select below)

K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Guardian Information:

First and Last Name(s) _____

Street Address _____

City _____ Zip Code _____

Student lives with Mother Father Guardian Other

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail Address _____

Per Indiana code 20-26-11-32, any application to transfer to the Corporation may be denied if the student has been suspended or expelled during the twelve (12) months preceding the student's request to transfer.

(j) Notwithstanding subsections (f), (g), and (h), a governing body of a school corporation may deny a request for a student to transfer to the school corporation or may discontinue enrollment currently or in a subsequent school year, or establish terms or conditions for enrollment or for continued enrollment in a subsequent school year, if:

(1) the student has been suspended (as defined in [IC 20-33-8-7](#)) or expelled (as defined in [IC 20-33-8-3](#)) during the twelve (12) months preceding the student's request to transfer under this section:

- (A) for ten (10) or more school days;
- (B) for a violation under [IC 20-33-8-16](#);
- (C) for causing physical injury to a student, a school employee, or a visitor to the school; or
- (D) for a violation of a school corporation's drug or alcohol rules; or

(2) the student has had a history of unexcused absences and the governing body of the school corporation believes that, based upon the location of the student's residence, attendance would be a problem for the student if the student is enrolled with the school corporation.

My child is currently expelled or is under consideration for expulsion: Yes No

My child has been suspended from school during the previous 12 months: Yes No

My child is in good standing with the school: Yes No
If you answered no, please explain on a separate sheet of paper.

Student Response:

I am requesting this non-resident transfer for the following reason(s): _____

I understand that if my student is registered after the ADM count date, a statement for the estimated tuition will be calculated. I agree to pay the tuition in full or make payments as established for the school year in which the obligation is incurred. The final payment will be the balance of the obligation and I may owe Garrett-Keyser-Butler CSD more money to cover those costs if the state credits for this student do not cover all those costs. As such, if the state credits cover the costs and more, the school will issue a refund for the difference that has been paid. Failure to pay a tuition installment is a ground for exclusion from school.

If an employee's child who does not have legal settlement in the school corporation is enrolled, transfer tuition will not be charged. Should the employment terminate for any reason after that employee's child has been accepted under this policy, the child shall be allowed to finish the school year.

My signature below constitutes that all of the information provided above is true and affirms my understanding that upon approval of my transfer request, the district will not provide transportation to and from school for my child and the purpose of this transfer request is not for athletic purposes. I understand that, if approved, this transfer is conditional based on my child maintaining a satisfactory level of performance in the areas of academics, attendance, and behavior. I have received a copy of Garrett-Keyser-Butler CSD Board Policy(s), and the Form 515 if applicable.

Signature of Parent/Legal Guardian Date _____

For School Office Use Only

____ Approved
____ Denied for what reason _____

Principal's Signature _____ Date _____
Date Parent Contacted _____ By Whom _____

For Central Office Use Only

____ Approved
____ Denied
Signature _____ Date _____
(Superintendent or Designee)



**Garrett-Keyser-Butler Community School District
Records Request Form**

The Family Education Rights and Privacy Act (Buckley Amendment) dated June, 1976, no longer requires written parental consent to release student educational records between schools.

Name of Student: _____ Grade: _____

Last School Attended: _____

School Address: _____

School Phone: _____ Fax: _____

Has your child ever been suspended/expelled from school? Yes No

Does your child receive special services (i.e.; speech, IEP)? Yes No

Please forward copy of the following:

- | | |
|---|---|
| <input type="checkbox"/> Permanent Grade Record | <input type="checkbox"/> Health Records/Immunization |
| <input type="checkbox"/> Grades for Present Grading Period | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Custody Papers |
| <input type="checkbox"/> Original Home Language Form/EL Scores | <input type="checkbox"/> Section 504 Plan |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Response to Instruction (RTI) data |
| <input type="checkbox"/> Discipline Records/Expulsion | <input type="checkbox"/> Any IEP* |
| <input type="checkbox"/> Private Health Records* | <input type="checkbox"/> Any Psychological Records* |
| <input type="checkbox"/> Any Standardized Test Scores or Records (Statewide testing i.e. ISTEP, ECA, WIDA, NWEA, Dibels, etc) | |

* A Parent/Legal Guardian signature is required to receive any IEP, Psychological, or Private Health Records.

I hereby authorize the last school attended to forward any IEP, Psychological, or Private Health Records checked above:

Signed: _____ Date: _____
Parent/Legal Guardian

FOR OFFICE USE ONLY: **PLEASE DO NOT SEND STUDENT PERMANENT FILE
Student is applying as a Transfer Student. Please do not withdraw student as enrollment is pending approval.**

Please forward information to (check one):

Garrett High School
Guidance Secretary
801 E. Houston St.
Garrett, IN 46738
Phone: 260-357-3114
Fax: 260-357-5000

Garrett Middle School
Guidance Secretary
801 E. Houston St.
Garrett, IN 46738
Phone: 260-357-5745
Fax: 260-357-3575

J. E Ober Elementary
Guidance Secretary
801 E. Houston St.
Garrett, IN 46738
Phone: 260-357-3112
Fax: 260-357-3317

Date(s) Faxed: _____

Date Complete Record Received: _____