

Delphi Community School Corporation
NON-RESIDENT STUDENT REQUEST FOR TRANSFER

Student's Name: _____ Date: _____

**Applications will be considered for first semester up to Sept. 15 and for second semester Jan. 15.*

Sibling Name: _____ Sibling Current Grade Level: _____

Sibling Name: _____ Sibling Current Grade Level: _____

Sibling Name: _____ Sibling Current Grade Level: _____

Parent's Information:

Parent's Name

Parent's Telephone Number

Mailing Address

Physical Address

City, State, & Zip Code

City, State, & Zip Code

Transferring Information - Provide Information about the school you are transferring from

School Name

Last Semester Enrolled

Mailing Address

School's Telephone Number

City, State, & Zip Code

School Corporation Name

Student Information:

Student's Age

Current Grade Level

Last Grade Completed

Please Respond to the Following Questions:

*Has the Student Been Suspended or Expelled for More than Ten (10) School Days in the Twelve (12) Months Preceding the Request for Transfer? Yes No

*Has the Student Been Suspended or Expelled for Possessing a Firearm, Deadly Weapon, Or Destructive Device in the Preceding Twelve (12) Months? Yes No

*Has the Student Been Suspended or Expelled for Causing Physical Injury to a Student, School Employee, or Visitor to the School? Yes No

*Has the Student Been Suspended/Expelled for Violating a Drug/Alcohol Rule? Yes No

*Has the Student a history of unexcused absences and based upon the location of the student's residence, attendance of the student would be a problem if enrolled in the school corporation? Yes No

*This student is at the grade level or has earned sufficient credits to graduate with his/her enrollment class. Yes No

If you answered YES to any of the above questions, please explain the circumstances on an attached sheet of paper.

A student requesting transfer to either the middle school or the high school shall write a one page letter indicating why they want to transfer.

Parents of an elementary school age child shall write a one page letter indicating why they are requesting the transfer.

Please sign below to authorize the Delphi Community School Corporation Officials to contact your school for further information about your child.

Student's Signature

Parent's Signature

Please Complete this Form and Return to prospective school:

Delphi Community Elementary School
300 W. Vine St.
Delphi, IN 46923

Delphi Community Middle School
401 Armory Rd.
Delphi, IN 46923

Delphi Community High School
301 Armory Rd.
Delphi, IN 46923