

Northern Wells Community Schools
312 N. Jefferson Street
Ossian, IN 46777
260-622-4125

INTRA-CORPORATION STUDENT TRANSFER REQUEST

School boundaries have been established to help maintain appropriate student enrollment and to insure efficient student transportation. Under some circumstances it has been the practice to waive a boundary requirement to allow a student to attend another school. The following information is necessary to make a decision on an intra-corporation transfer request. Personal preference will not be approved. Those transfers, which are approved, are done so on a space available basis.

Approval of a transfer can be revoked by the School Corporation for just cause. Any student who is granted an intra-corporation transfer must maintain satisfactory attendance, conduct, and scholarship throughout the year. All approvals are for the school year and transportation is the responsibility of the parent.

Name of Student _____ Grade _____

Parent/Guardian _____ Home Address _____

City/Zip _____ Phone (Home/Work) _____

ASSIGNED SCHOOL DISTRICT

REQUEST: Transfer to (school) _____ Remain in (school) _____

REASON: _____ Child Care (Child care provider must complete affidavit on back.)

(Check one)

_____ Moving/Building (Include statement from realtor, builder or landlord.)

_____ Medical (Include statement from health care professional.)

_____ NWCS Employee (Position with NWCS) _____

_____ Other (Provide written statement below or attach additional page.)

(over)

CHILD CARE PROVIDER STATEMENT

I am the childcare provider for _____ and have been for _____ months/years. The above named child will be in my care _____ days a week during the school year.

Written Signature of Child Care Provider

Typed or Printed Name

Address of Child Care Provider

Phone # of Child Care Provider

As parent/legal guardian of _____, I fully understand the guidelines that have been established for transfer requests, which are approved. When the above named person is no longer the childcare provider, I will notify the Office of Student Services within 48 hours.

Submit completed form to your child's home school principal.

Signature of Parent/Guardian

Date

HOME SCHOOL PRINCIPAL'S ACKNOWLEDGMENT

Please detail any reasons, which you have that would assist in making a decision about the above requested transfer. Forward form to OFFICE OF STUDENT/SUPPORT SERVICES.

Signature of Home School Principal

Date

Approved _____

Denied _____

Date _____

School Year _____

Superintendent or Designee