

# Internal Transfer Request for PHM Student for 2018 – 2019

**Please complete one form for each student requesting a transfer. The following applies to each transfer:**

- Transfers are granted one year at a time only. You must apply each school year.
- The first day new 2018-2019 Transfer Requests will be accepted is **January 16, 2018**.
- The deadline for submitting 2018-2019 Transfer Requests for priority consideration is **February 23, 2018**.
- Requests submitted by February 23, 2018 will be processed and announced by May 25, 2018.
- Requests received after February 23, 2018 may be held for processing until the start of the school year.
- Requests submitted after the school year begins require one week to process.
- Transfer Requests will not be accepted for non-resident students within the first year of enrollment to PHM.

Student name \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

School student is EXPECTED to attend, based on home address \_\_\_\_\_

School student CURRENTLY attends in the 2017-18 school year \_\_\_\_\_ Grade \_\_\_\_\_

School student WISHES to attend in the 2018-19 school year \_\_\_\_\_ Grade \_\_\_\_\_

Does the student have an **IEP**, or receive Exceptional Education services?  YES  NO

Does the student have an **ILP**, or receive English as a New Language services?  YES  NO

Is either parent an **employee** of Penn-Harris-Madison School Corporation?  YES  NO

If YES: Parent Name \_\_\_\_\_ Building \_\_\_\_\_ Position \_\_\_\_\_

**Reason** for requesting transfer: \_\_\_\_\_

**Household members NOT currently attending a PHM school** that you intend to register & request a transfer for 2018-19:

1. Name \_\_\_\_\_ 2018-2019 grade \_\_\_\_\_ School requested \_\_\_\_\_

2. Name \_\_\_\_\_ 2018-2019 grade \_\_\_\_\_ School requested \_\_\_\_\_

## Alternate Transportation Request:

PHM does *not* provide transportation across school boundaries. Does the student plan to use a pick-up or drop-off address (e.g. daycare, relative) within the transfer school's boundaries for bus transportation?  YES  NO

If yes, please give the address and contact information below so we can verify the arrangement.

Address: \_\_\_\_\_

To be used for (check one): A.M. pick-up \_\_\_\_\_ P.M. drop-off \_\_\_\_\_ Both A.M. and P.M. \_\_\_\_\_

Name of adult at this location \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature Required:** *I understand that, if approved, this transfer is conditional on my student maintaining satisfactory attendance and behavior.*

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME PARENT/GUARDIAN

\_\_\_\_\_  
DAYTIME CONTACT PHONE

*If completing this form online, please click the SUBMIT button; otherwise, a completed paper copy can be turned in to any school office or to the Educational Services Center, 55900 Bittersweet Road, Mishawaka, IN 46545 • Email: [p hmlearndivinfo@p hm.k12.in.us](mailto:p hmlearndivinfo@p hm.k12.in.us) • Fax: (574) 258-9547*

FOR CENTRAL OFFICE USE ONLY: Rec'd ESC: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_ EXED \_\_\_\_\_ Excel Spreadsheet

Parent informed \_\_\_\_\_

\_\_\_\_ ENL \_\_\_\_\_ ES+ TR1 / ES+ NYB \_\_\_\_\_

Schools informed \_\_\_\_\_

Revised 11.08.17