

Internal Transfer Request for PHM Student for 2019 – 2020

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 2019-20 Transfer Requests will be accepted is **January 22, 2019**.
- Deadline for submitting 2019-20 Transfer Requests for *priority consideration* is **February 8, 2019**.
- Requests submitted *by* February 8, 2019 will be processed by March 4, 2019.
- Requests received *after* February 8, 2019 will be processed by May 24, 2019 and finally August 16, 2019.
- Requests submitted after the 2019-20 school year begins require one week to process.

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 2018-19 school year _____ Grade _____

School student WISHES to attend in the 2019-20 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: Employee Name _____ Building _____ Position _____

Reason for requesting transfer: _____

Household members NOT currently attending a PHM school that you intend to register & request a transfer for 2019-20:

1. _____ Birth Date _____ 2019-20 grade _____ School requested _____

2. _____ Birth Date _____ 2019-20 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. (Arrangement will be verified.)

Address: _____

Name of adult at this location _____ Phone # _____

To be used for: A.M. & P.M. ___ A.M. pick-up only ___ P.M. drop-off only ___ Days of week: _____

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

A completed copy of this form may be submitted via paper, email, or fax to any PHM school office or to the Educational Services Center, Attention: Admissions, 55900 Bittersweet Road, Mishawaka IN 46545 • Email phmlearndivinfo@phm.k12.in.us • Fax 574-258-9547

FOR CENTRAL OFFICE USE ONLY: Rec'd ESC: _____ Approved _____ Denied _____

___ EXED ___ NRS app ___ Transpo ___ ES+ TR1 Parent informed _____

___ ENL ___ NRS m/o ___ Excel ___ ES+ NYB Schools informed _____

Rev 10.15.18