

Internal Transfer Request for PHM Student for 2020 – 2021

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 2020-21 Transfer Requests will be accepted is **January 21, 2020**.
- Deadline for submitting 2020-21 Transfer Requests for *priority consideration* is **February 14, 2020**.
- Requests submitted *by* February 14, 2020 will be processed by March 6, 2020.
- Requests received *after* February 14, 2020 will be processed by May 22, 2020 and finally August 14, 2020.
- Requests submitted after the 2020-21 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 2019-20 school year _____ Grade _____

School student WISHES to attend in the 2020-21 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: _____

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: AM & PM___ AM pick-up only___ PM 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 ___ SKW TR1 Parent informed _____
___ ENL ___ NRS m/o ___ Excel ___ sib Schools informed _____