

P-H-M Internal Transfer Request for Resident Students 2016-2017

If requesting a transfer for more than one student, please complete one form for each student. The following applies to each transfer:

- Transfers are granted for only one year at a time. You must apply each school year.
- The first day 2016 – 2017 Transfer requests will be accepted is **January 19, 2016**.
- The deadline for submitting 2016 - 2017 transfer requests is **February 26, 2016**.
- Those requests submitted by February 26, 2016 will be processed and announced by May 27, 2016
- Requests received after February 26, 2016 may be held for processing until after the start of the school year.
- Requests submitted after the school year begins require one week to process.

Today's date _____ Student ID #: _____

Student name _____

Home Address _____

City _____ Zip _____

School student is expected to attend _____

School student currently attends _____ Grade _____

School student wishes to attend as a transfer student in 2016-17 _____ 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, give name and workplace _____

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?

NO YES

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 OF PARENT/GUARDIAN (REQUIRED)

DATE

Please provide daytime contact information in case we need to discuss this transfer request with you:

PARENT/GUARDIAN NAME PRINTED

TELEPHONE NUMBER

A completed paper copy can be turned in to any school office or to the Educational Services Center, 55900 Bittersweet Road, Mishawaka, IN 46545.

FOR CENTRAL OFFICE USE ONLY:

Date received at ESC: _____ Request approved _____ Request denied _____

_____ Parent informed

_____ Ex Ed

_____ Excel Spreadsheet

_____ Schools informed

_____ ENL

_____ es+ TR1 / es+ NYB

Revised 1/11/2016