

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 • 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