

**Application for Transfer of Non-Resident Student  
to the  
Seymour Community School Corporation**

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Current Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Requested School \_\_\_\_\_ School Year \_\_\_\_\_

Special Program(s) in which currently enrolled (circle):

Special Services Title 1 Gifted Other \_\_\_\_\_

Reason for this Transfer Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Attach a letter if more space is needed.*

*One child/student per Application.*

Capacity for each grade level in each school building is determined and posted on the Seymour Community School Website at [www.scsc.k12.in.us](http://www.scsc.k12.in.us). When the number of eligible transfer applicants exceeds the capacity of the grade level, a random drawing will take place in a public meeting prior to the start of school. A copy of Policy 5111 is attached for your review.

**Parental/Guardian Agreement:**

I understand and accept the following if placement is approved:

1. Transportation will not be provided by the Seymour School Corporation.
2. Enrollment may be revoked for poor grades, low attendance, disruptive or uncooperative behavior on the part of the student and parent/guardian, tardiness, overcrowding, or other factors.
3. If this request is approved, this does not constitute a permanent transfer. The parent/guardian must reapply each school year.
4. I understand that a transfer request cannot be considered for athletic purposes.
5. I agree to provide timely transportation to and from school and all school activities.

I certify that all the information on this application form is correct to the best of my knowledge and belief, and understand the placement agreements listed above.

\_\_\_\_\_ Date

\_\_\_\_\_ (Print) Name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian

Please return this form to the Superintendent. You may deliver or mail this form to the Superintendent of Schools, located on 1638 South Walnut Street, Seymour, Indiana 47274. If you have any questions about this form or process, please call 812-522-3340. In the case of a transfer student with a disability, the Superintendent must consult with the Corporation Director of Special Services.

The deadline for receipt of this form is the fourth Friday of July for the first semester and the fourth Friday of December for the second semester.

**OFFICE USE ONLY:**

Approved for \_\_\_\_\_ School

Enrollment Closed at \_\_\_\_\_ School