

REQUEST FOR TRANSFER OF NON-RESIDENT STUDENTS

APPLICATION FORM



TRI-CENTRAL COMMUNITY SCHOOLS

4774 North 200 West
Sharpsville, IN 46068-9457
Telephone: (765) 963-2585
Fax (765) 963-3042

Date _____

email to: dcook@tccs.k12.in.us

Student Name _____ Grade Attending _____ D.O.B. _____

Student Name _____ Grade Attending _____ D.O.B. _____

Student Name _____ Grade Attending _____ D.O.B. _____

PARENTS

Mother _____ Father _____

Who is the Custodial Parent? Mother _____ Father _____ Other _____

CONTACT INFORMATION

Current 911 Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail: _____ Home School District _____ Corp. Number _____

THANK YOU FOR CHOOSING TRI-CENTRAL COMMUNITY SCHOOLS

Office Only

Custody Agreement Provided: Yes _____ No _____

Principal Interview Date _____ Recommendation: Accepted _____ Denied _____

Principal Signature: _____

Superintendent Signature: _____ Accepted _____ Denied _____

Parents Notified: Yes _____ No _____ Date _____

Notes: _____

Interviews with the principal will be followed by an interview with the superintendent. A final determination will be made and you will be notified in a timely manner. In addition to the information on the application, other factors such as enrollment, staffing, etc., will be considered before a decision is made.

Providing transportation to and from school for your child(ren) is your responsibility. Please do not expect school personnel to provide transportation and/or supervision for your child(ren) before or after school.