



MSD OF NEW DURHAM TOWNSHIP

Student Transfer Application

Name of Student: _____ Birth Date: _____

Transfer request to enter grade _____ for the _____ school year

Permanent Address: _____

Parent/Guardian Name(s): _____

Parent Phone: _____ Parent Email: _____

Previous/Current School: _____

Public School District in which You Reside: _____

Has your student:

had ten (10) or more days of suspension or expulsion in the last 12 months? ☐ Yes ☐ No

been suspended for causing physical injury, drug or alcohol violations, or weapons? ☐ Yes ☐ No

had ten (10) or more days of unexcused absences in the last 12 months? ☐ Yes ☐ No

Please initial next to the following statements and sign at the bottom of the page.

I hereby certify that the above information is true and authorize the release of all past student records to MSD of New Durham Township. _____
(initial)

I understand that MSD of New Durham Township may legally deny this request for enrollment under Indiana Code 20-26-11-32. _____
(initial)

I further understand that my child's enrollment may be denied at any point throughout the school year for violations listed above, per Indiana Code 20-26-11-32. _____
(initial)

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date application received: _____ School Year of Enrollment: _____

☐ Approved ☐ Denied Principal signature: _____ Date: _____

☐ Approved ☐ Denied Superintendent signature: _____ Date: _____