EAST ALLEN COUNTY SCHOOLS
SCHOOL TRANSFER APPLICATION 2015-2016

1. Complete one school transfer application for EACH child. PLEASE PRINT.
2. DO NOT fill out this transfer application:
   a. if student is currently on a Choice transfer and remaining at the transfer school.
   b. if student is a tuition transfer student.

Student Name ____________________________________________________________
(last) (first) (middle initial)

Birth Date __________________________
(month/day/year)

Gender (check one): ___ Male ___ Female

Ethnic Origin: (check one):
   ___ Black/African American ___ American Indian/Alaskan Native
   ___ Asian ___ Hispanic/Latino
   ___ Caucasian (white) ___ Two or more races
   ___ Native Hawaiian/Pacific Islander

Special Programs: (check if applicable) My child currently receives:
   ___ Special Education Services. Disability is _______________________________

   ___ ESL (English as a Second Language) Services
   ___ If I select a school that does not offer ESL services, I am waiving my rights for ESL Services

Parents/Guardians:

Father/Guardian _________________________________________________________
(circle one) (last) (first) (initial)

Home Address __________________________________________________________
(continue application on other side)

Telephone ___________________________/______________________________
(day phone number) (evening phone number)

Mother/Guardian _________________________________________________________
(circle one) (last) (first) (initial)

Home Address __________________________________________________________
(continue application on other side)

Telephone ___________________________/______________________________
(day phone number) (evening phone number)

Student Lives With: (circle one) Both Parents Father/Guardian Mother/Guardian Other: ____________________________

EACS Pu-14
2/14 (R)
SCHOOL CHOICE for 2015-2016:
My first EACS transfer Choice is: _______________________________________
My second EACS transfer Choice is: _______________________________________
Please select the most significant reason for your transfer request:
☐ Program at choice school, specify the program: ________________________________
☐ Location of choice school
☐ Desire to leave home school
My child has been on a Choice transfer and we wish to return to our EACS home school ________________________________
Home school name

LIST SIBLINGS (brothers, sisters) CURRENTLY ATTENDING OR APPLYING FOR TRANSFER:

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INFORMATION YOU NEED TO KNOW

➢ IMPORTANT DOCUMENTS
Students enrolling into EACS for the first time must provide:
  ● Birth Certificate, Address Verification and Proof of Immunizations (Health Records)

➢ TRANSPORTATION
It is the responsibility of the parent to provide transportation to the school and home from the school.

➢ CONTINUED ENROLLMENT COMMITMENT
  1. Students must remain at the transfer school for at least one school year.
  2. Students may remain at the transfer school site in future years without further application.
  3. When moving to a new school (Elementary to Middle and Middle to High), a new application is required with approval.

➢ ACADEMIC AND BEHAVIOR EXPECTATIONS
All approved Choice Transfers require the student to follow academic and behavior expectations of the Choice school.

➢ ATHLETIC ELIGIBILITY
High school students receiving a transfer MAY NOT BE ELIGIBLE for varsity sports the first year. Contact your high school Athletic Director with questions concerning IHSAA athletic eligibility.

Return this application to any EACS school office/guidance office on or before March 14, 2015 or mail to East Allen County Schools, Student Services, 1000 Prospect Avenue, New Haven, Indiana 46774 or fax to 260-446-0116. You will receive the results by US Mail by May 15.

I have read and understand the requirements of the School Transfer Application.

__________________________________________  ________________
SIGNATURE PARENT/GUARDIAN                      DATE