

**M.S.D. OF WARREN COUNTY**

**NON-RESIDENT AND RESIDENT STUDENT TRANSFER REQUEST**

The Board of School Trustees recognizes that a child that is a legal resident of the M.S.D. of Warren County School Corporation has a right to an education within this school system. Elementary district lines are intended to be followed. Hardship transfers between schools may be approved given extenuating circumstances.

Requests by parents, guardians, or custodians of Indiana students who do not reside in the M.S.D. of Warren County School Corporation, but who wish to enroll their child in the school system will be considered for enrollment.

The decision on acceptance of a non-resident student will be based upon:

- The student’s academic record at the previous school;
- The student’s disciplinary record at the previous school;
- The student’s attendance record at the previous school;
- Class size of the grade level in which the student is enrolling at M.S.D. of Warren County;
- When applicable, the parents, guardians, or custodians agreement to pay the transfer tuition in a timely manner as established by the M.S.D. of Warren County School Corporation;

The building principal and superintendent shall be granted the discretion to grant or deny any and all transfer requests based on the established procedures.

Students transferring to this Corporation from other schools or school systems shall be placed in those classes or at those grade levels for which their previous educational experiences appear to qualify them. The School Corporation reserves the right to change or modify such placements on the basis of later information, testing, or investigation.

Name of Parent(s): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home School: \_\_\_\_\_

School Requesting Transfer to: \_\_\_\_\_

Children Involved:

Name	Grade (2018-2019)	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe Reason Transfer is Requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and hereby agree that M.S.D. of Warren County can require my child/children to return to their home school at any time that it deems it is in the best interest of M.S.D. of Warren County. This may be during a semester, at the end of a semester, or between school years. I also assume full responsibility for compliance with the attendance policy of M.S.D. of Warren County and for transportation of my child/children, if necessary, due to this transfer request.

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Date of Request

**All requests should be returned to:**

**M.S.D. of Warren County, 101 N. Monroe Street, Williamsport, IN 47993.**

---

Approved: \_\_\_\_\_

or

Denied: \_\_\_\_\_

Reason if Denied:

---

---

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date