

**Delphi Community School Corporation**  
**NON-RESIDENT STUDENT REQUEST FOR TRANSFER**

Student's Name: \_\_\_\_\_

*\*Applications will be considered for first semester up to Sept. 15 and for second semester Jan. 15.*

Sibling Name: \_\_\_\_\_

Sibling Current Grade Level: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Sibling Current Grade Level: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Sibling Current Grade Level: \_\_\_\_\_

Parent's Information:

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
City, State, & Zip Code

Transferring Information - Provide Information about the school you are transferring from

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Last Semester Enrolled

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
School's Telephone Number

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
School Corporation Name

Student Information:

\_\_\_\_\_  
Student's Age

\_\_\_\_\_  
Current Grade Level

\_\_\_\_\_  
Last Grade Completed

Please Respond to the Following Questions:

- \*Has the Student Been Suspended or Expelled for More than Ten (10) School Days in the Twelve (12) Months Preceding the Request for Transfer?  Yes  No
- \*Has the Student Been Suspended or Expelled for Possessing a Firearm, Deadly Weapon, Or Destructive Device in the Preceding Twelve (12) Months?  Yes  No
- \*Has the Student Been Suspended or Expelled for Causing Physical Injury to a Student, School Employee, or Visitor to the School?  Yes  No
- \*Has the Student Been Suspended/Expelled for Violating a Drug/Alcohol Rule?  Yes  No
- \*Has the Student a history of unexcused absences and based upon the location of the student's residence, attendance of the student would be a problem if enrolled in the school corporation?  Yes  No
- \*This student is at the grade level or has earned sufficient credits to graduate with his/her enrollment class.  Yes  No

If you answered YES to any of the above questions, please explain the circumstances on an attached sheet of paper.

A student requesting transfer to either the middle school or the high school shall write a one page letter indicating why they want to transfer.

Parents of an elementary school age child shall write a one page letter indicating why they are requesting the transfer.

Please sign below to authorize the Delphi Community School Corporation Officials to contact your school for further information about your child.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

Please Complete this Form and Return to:

Superintendent  
Delphi Community School Corporation  
501 Armory Rd., Delphi, IN 46923

\*Updated August 2021\*