

East Washington School Corporation



"All for one and one for all"

1050 North Eastern School Road ♦ Pekin, IN 47165
Phone 812-967-3926 ♦ Fax 812-967-5797

TRANSFER STUDENT REQUEST

Student Name _____

Address _____

Parents/Guardian _____

Grade Entering _____

Date of Birth _____ School District of Legal Residence _____

Please check the following that apply:

____ Current Transfer Student ____ New Transfer Student

____ Child of an Employee ____ Resided in District 2 Years Earlier Before
Residing in Adjacent School Corporation

Please attach the following to this application:

- ____ Student attendance record from previous school
- ____ Student academic record from previous school
- ____ Student testing results
- ____ Student disciplinary record

Please read the following provisions and verify your agreement by signing at the end of this application:

1. I understand that my student shall be placed in those classes and/or grade levels for which their previous educational experiences appear to qualify them. The school corporation has the right to change or modify such placements on the basis of later information, testing, or investigation.
2. I certify that enrollment is for educational reasons and not athletic reasons.
3. I agree to provide transportation to and from school.
4. I agree to pay any remaining transfer tuition upon receipt of billing from the school corporation.
5. I understand that the transfer decision is made on an annual basis and that I must reapply each year.

Signature of Parent/Guardian

Date

Applications must be submitted by August 15 of each school year.

____ Approved ____ Denied

Principal

Date

Superintendent

Date