



Achieving our Personal Best in Pursuit of Excellence

Community School Corporation of Southern Hancock County  
P.O. Box 508, 4711 South 500 West  
New Palestine, IN 46163  
Phone: (317) 861-4463  
Fax: (317)861-2142  
[www.newpal.k12.in.us](http://www.newpal.k12.in.us)

## 2022-2023 Out-of-District Transfer Student Packet

Timeline: Packets posted **February 1, 2022**

Review Begins: **March 4, 2022**

Applications accepted for First Semester: **September 9, 2022**

Applications accepted for Second Semester: **November 7, 2022-January 6, 2023**

Transfer Packets **WILL NOT BE ACCEPTED** without **ALL** requested information enclosed. Incomplete packets **WILL NOT** be accepted or considered. **Completed packets may take up to 30 days to process.**

1. Complete one packet per student prior to submission.
2. **DO NOT** have any records sent separately by e-mail or fax from the current school. Pick up copies from the school and include them with your application at the time of submission.
3. Incomplete packets **WILL NOT** be considered.

Your transfer application will only be accepted when you have included:

- Completed transfer application.
- Immunization records and birth certificate.
- A copy of school records **including** discipline records, attendance report, standardized test scores, and HLS (Home Language Survey).
- Copy of current IEP or 504 if applicable.

Once the packet is complete, email the completed packet to Amber Rush at [arush@newpal.k12.in.us](mailto:arush@newpal.k12.in.us) or mail the completed packet to Amber Rush at 4711 S. 500 W., P.O. Box 508, New Palestine, IN 46163.

*\*All transfer students will be considered on an individual basis on class size and building capacity.*

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Corp. of Legal District Residence: \_\_\_\_\_ County of Legal Residence: \_\_\_\_\_

Superintendent Action: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

---

Dr. Lisa Lantrip, Superintendent

Mr. Robert Yoder, Assistant Superintendent

# CSC of Southern Hancock County Out-of-District Transfer Packet

Please list the Legal Name of the student as it appears on the birth certificate. Students must be 5 years old on or before August 1, 2022 to attend Kindergarten for the 2022-2023 school year.

First Elementary Choice: BWE / NPE / SCE      Second Elementary Choice: BWE / NPE / SCE

Student's Legal Name \_\_\_\_\_

Expected Grade Level Entering for 2022-2023: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
*First Middle Last*

Check if Currently Applicable: 504 Plan \_\_\_\_\_ IEP \_\_\_\_\_ Speech \_\_\_\_\_

Ethnicity: American Indian or Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_ Black or African American \_\_\_\_\_  
White \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Multiracial (*specify*) \_\_\_\_\_

Student Resides With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Name of Parent / Guardian 1: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

*(Full Address, Including City and Zip Code)*

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent / Guardian 2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

*(Full Address, Including City and Zip Code)*

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are there any individuals legally barred from contact with the student? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If Yes, Legal Documents Must Be Provided)*

Previous School Attended: \_\_\_\_\_

Is Student a 21st Scholar (For High School Use Only): Yes \_\_\_\_\_ No \_\_\_\_\_

## **\*Office Use Only\***

STN# \_\_\_\_\_

Birth Certificate Provided \_\_\_\_\_

Immunization Records Provided \_\_\_\_\_

## CSC of Southern Hancock County Out-of-District Transfer Packet

In submitting this application for Transfer Student, I am indicating that I understand the conditions of possible enrollment as described in the Criteria for Enrollment of Transfer Students (attached), Policy 5111, and Policy 6150.

I understand transportation is the parent's ultimate responsibility. Transportation is NOT provided by CSCSHC.

I understand that the Superintendent has final authority over approval of this application and the Board will not hear any appeals.

I understand that continuation of Transfer Student status is contingent upon my child remaining a student in good standing.

Parent / Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

*"Any form of discrimination or harassment can be devating to an individual's academic progress, social relationship, and/or personal sense of self worth.*

*As such, the Board does not discriminate on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), age (except as authorized by law), religion, military status, ancestry, or genetic information (collectively "Protected Classes") in its educational programs or activities.*

*The Board also does not discriminate on the basis of Protected Classes in its employment policies and practices as they relate to students, and does not tolerate harassment of any kind."*

## CSC of Southern Hancock Out-of District Transfer Packet

### Records Request

This is a form for you to print and take to the current school to obtain a copy of your child's school records. This is not a request for the official records, but a request for a copy of your records. The school office will request official records once your child has been approved to attend Southern Hancock Schools.

Fill in your child's name, take to the current school, and a copy of the records should be provided to you to include with your packet. Please do not have the current school send a copy of records separately by email or fax. For consideration, your packet should come to our office fully completed.

This is a request for school records for \_\_\_\_\_

The information being requested includes all school records including birth certificate, immunization records and discipline records.

**\* If there is no discipline record, please obtain on the current school's letterhead a statement that there are no discipline issues.**

You may email this information to Amber Rush, at [arush@newpal.k12.in.us](mailto:arush@newpal.k12.in.us), or send by fax to my attention at (317) 861-2142.

Thank you for considering our school district,

Amber Rush  
Executive Assistant to the Superintendent  
and Board of School Trustees  
(317) 861-4463, ext.1002  
[arush@newpal.k12.in.us](mailto:arush@newpal.k12.in.us)

## **CSC of Southern Hancock County Out-of-District Transfer Packet**

### **Please note:**

The following factors should be considered when enrolling your student into CSCSHC Schools:

1. Transfer student enrollment should be for education reasons.
2. The transfer should not place an undue burden on CSCSHC, as determined by the Superintendent.
3. Final approval for admittance of transfer students to CSCSHC is made by the Superintendent. No appeals will be heard by the Board.
4. Southern Hancock Schools reserve the right to place the student in the building and class deemed most appropriate.
5. Returning transfer students must submit an "Intent to Re-Enroll" form by May 1 of each year. Disciplinary action such as expulsion is a cause for denial of re-admittance.
6. CSCSHC is not responsible for transportation of transfer students to and from school.
7. The Superintendent will determine if there is sufficient room in the building, grade level, and specific classroom to accept a transfer student.
8. To be successful as a transfer student at CSCSHC, the student should be maintaining a 96% attendance rate at the current school and be in good standing.
9. The student must not have an excessive discipline record that includes an expulsion, 10 days suspension from another school or other disciplinary infractions per Indiana Code 20-26-11-32J.
10. Parents/ Guardians are responsible for obtaining an official transcript and immunization records.