



DANVILLE COMMUNITY SCHOOL CORPORATION

DANVILLE COMMUNITY HIGH SCHOOL | DANVILLE COMMUNITY MIDDLE SCHOOL | SOUTH ELEMENTARY | NORTH ELEMENTARY

200 WARRIOR WAY | DANVILLE, IN 46122 | P: (317) 745-2212 | F: (317) 745-3924

www.danville.k12.in.us

Non-resident Transfer Enrollment Information

Open Enrollment

1st Semester: March 2, 2016 through July 31, 2016

2nd Semester: September 14, 2016 through December 17, 2016

Danville Community School Corporation gives the opportunity for students in grades K-12, who reside outside the district, to attend our school system. To qualify, interested parents/guardians must complete a Non-resident Transfer Enrollment Application and be approved. Students requesting to transfer to the middle school or high school must include a one page letter indicating why they would like to transfer to Danville Community School Corporation. Elementary school applications must include a one page letter, which may be written by a parent or guardian, indicating why they would like their child to transfer to Danville Community School Corporation. The application must include a letter the student's most recent school record, including:

- Academic grades and test scores
- Attendance
- Discipline

Completed Non-resident transfer enrollment applications with all required documents, should be submitted to the school principal. Once the applications along with the required supporting documents are received, the principal will contact you to arrange a time to meet with the parent(s)/guardian and student.

Acceptance as a non-resident transfer student is valid for one school-year only. Applicants must complete a new application each school year. Each school looks at programs and capacity, as well as the overall past performance of each student in determining whether an enrollment application is accepted. Questions regarding non-resident student enrollment may be directed to the school principal.

DCSC High School	DCSC Middle School	South Elementary	North Elementary
Dr. Hamann, Principal	Mrs. Webster, Principal	Mrs. Noe, Principal	Mrs. Perkins, Principal
100 Warrior Way	1425 W. Lincoln St	1375 W. Lincoln St.	398 Urban Street
Ph: 317-745-6431	Ph: 317-745-5491	Ph: 317-745-2131	Ph: 317-745-2610
Fax: 317-745-3908	Fax: 317-718-2337	Fax: 317-745-3918	Fax: 317-745-3921
phamann@danville.k12.in.us	mwebster@danville.k12.in.us	tnoe@danville.k12.in.us	kperkins@danville.k12.in.us



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Non-resident Transfer Enrollment Application

TO BE COMPLETED BY PARENT/GUARDIAN New Request Mid Year Request Renewal Specials Only

Student Information

Student Full Legal Name:		Date of Birth:
Street Address:	City:	Zip:
Parent/Guardian Name:		
Phone Number:	Parent/Guardian Email:	
School District of Legal Settlement (School district where you reside):	Reason for Transfer:	

A student requesting to transfer to either the middle school or high school must include a one page letter indicating why they would like to transfer to Danville Community School Corporation. Elementary school applications must include a one page letter, which may be written by the parent/guardian, indicating why they would like their child to transfer to Danville Community School Corporation.

Transferring School Information

Transferring School Name:	Last Grade Completed:	Dates Attended:
Street Address:	City:	Zip:
Phone Number:		
Does Your Child Have A Good Attendance Record? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Please Explain:</i>	Number of Days Absent Last Year:	
Has Your Child Been Suspended or Expelled From Another School? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Please Explain:</i>		
Does The Student Receive Special Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Please Check All That Apply:</i>	<input type="checkbox"/> IEP <input type="checkbox"/> ELL <input type="checkbox"/> Speech <input type="checkbox"/> OT/PT <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other <i>If Other, Please Explain:</i>	
List any Medical or Behavioral Concerns Affecting Your Child's Educational Needs:		

PLEASE ATTACH A COPY OF THE STUDENTS LAST REPORT CARD

I attest to the best of my ability that all information given is accurate. Any misrepresentation may result in the denial of this application. If this request is granted, I understand that enrollment will be granted for one (1) school year and it is my responsibility to provide transportation. I understand that if my child fails to maintain acceptable standards of conduct, attendance, and student performance, he/she may be expelled. I understand that non-resident transfer applications are approved on a space available basis and that a lottery (random selection) will be used if the number of applicants exceeds the number of spaces available.

Parent/Guardian Signature:	Date:
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School Administration Office Use Only

Date Received:	School Year:
Student/Parent School Interview	Date: _____ Time: _____
Attendee Names:	Attendee Names:
Attendee Names:	Attendee Names:

Principal's Initial's Indicate Criteria For The Transfer Has Been Established.

Copy of Board Policy No. 5111 has been provided:	Initials:
Student/Parent/Guardian has the ability to transport the student to/from school on time	Initials:
A copy of the Conduct and Attendance report has been received and student is found to be in good standing	Initials:

SIGNATURE	DATE	APPROVED	DENIED
Principal:		<input type="checkbox"/>	<input type="checkbox"/>
Superintendent:		<input type="checkbox"/>	<input type="checkbox"/>
School Board President:		<input type="checkbox"/>	<input type="checkbox"/>