



*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)

**2024-2025 Out-of-District Transfer Student Packet**

Timeline: Packets posted **February 5, 2024**

Review Begins: **March 8, 2024**

Applications accepted for First Semester: **September 6, 2024**

Applications accepted for Second Semester: **November 4, 2024-January 8, 2025**

**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 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.
- 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: \_\_\_\_\_ StudentName: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_



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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 of age on or before August 1, 2024 to attend Kindergarten during the 2024-2025 school year.

First Elementary Choice: BWE / NPE/ SCE

Second Elementary Choice: BWE / NPE/ SCE

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

First

Middle

Last

Expected Grade Level for 2024-2025: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

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

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

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

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

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

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

(Full Address, Including City and Zip)

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

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

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

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

\*Office Use Only\*

STN# \_\_\_\_\_ Birth Certificate Provided \_\_\_\_\_ Immunization Records Provided \_\_\_\_\_



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

In submitting this Transfer Student application, I am indicating that I understand the conditions of possible enrollment as described in the Criteria for Enrollment of Transfer Students (attached) and Policy C125.

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 in good standing.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

“Any form of discrimination or harassment can be devastating 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.”



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## CSC of Southern Hancock County 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 if your child is 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, without a completed packet attached. 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, attendance records, discipline records, and the Home Language Survey Form.*

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

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.

Amber Rush  
Executive Assistant to the Superintendent  
and the Board of School Trustees  
(317) 861-4463, ext.1002



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

### **Criteria for Enrollment of Transfer Students**

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<sup>st</sup> of each year. Disciplinary action such as expulsion and/or excessive tardies or absences 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 disciplinary infractions per Indiana Code 20-26-11-32J.
10. Parents/Guardians are responsible for obtaining an official transcript.
11. Students who are accepted to the district are not immediately eligible for summer school programming in the summer after their acceptance. Students must have attended our corporation prior to the end of the previous school year to qualify for summer school.