



*Achieving our Personal Best in Pursuit of Excellence*

New Palestine Community Schools  
 P.O. Box 508, 4711 S 500 W  
 New Palestine, IN 46163  
 Phone: (317) 861-4463  
 Fax: (317) 861-2142  
[www.newpal.k12.in.us](http://www.newpal.k12.in.us)

**REQUEST FOR STUDENT ENROLLMENT PRIOR TO RESIDENCE**

**(Section #1: To be completed by Parent/Guardian)**

I request that the following child/children be enrolled in the New Palestine Community Schools prior to established residency. I am in the process of constructing a home within the School Corporation's boundaries and will establish legal residency prior to the end of the first semester.

| Name of Student | Grade | School |
|-----------------|-------|--------|
|                 |       |        |
|                 |       |        |
|                 |       |        |
|                 |       |        |

|   |  |
|---|--|
| <b>I plan to establish residence in the school district on:</b> |  |
| <b>Address of new residence(address, city, and state):</b>      |  |
| <b>My current address is(address, city, and state):</b>         |  |

**(Section #2: To be completed by the Builder)**

My signature indicates that I am the builder for the person making this request and verify that this person is in the process of building a home located in the boundaries of New Palestine Community Schools. I estimate the house will be ready for occupancy by (date) \_\_\_\_\_.

|                             |              |
|-----------------------------|--------------|
|                             |              |
| <b>Builder Signature</b>    | <b>Date</b>  |
|                             |              |
| <b>Builder/Company Name</b> | <b>Phone</b> |



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I understand the special conditions under which the above student(s) is/are being permitted to enroll and am aware that I am responsible for transportation to and from school until legal residence is established. I understand Proof of Residency must be provided within thirty(30)days of the completion date listed above.

|                                     |             |              |
|-------------------------------------|-------------|--------------|
|                                     |             |              |
| <b>Signature of Parent/Guardian</b> | <b>Date</b> | <b>Phone</b> |

|                                    |                      |                            |
|------------------------------------|----------------------|----------------------------|
|                                    |                      |                            |
| <b>Signature of Superintendent</b> | <b>Date Approved</b> | <b>Date Sent to School</b> |

(Office Use Only)

|   |  |
|---|--|
| <b>Date residency was established:</b>        |  |
| <b>Date Proof of Residence was submitted:</b> |  |
| <b>Residency Confirmed by:</b>                |  |