



**SILVER CREEK SCHOOL CORPORATION**  
**STUDENT OUT OF DISTRICT TRANSFER REQUEST FORM (ODT)**  
**2025 - 2026 SCHOOL YEAR**

This form is to be completed for students NOT currently enrolled in SCSC  
(including all incoming ODT Kindergarten requests)

**Requirements:**

- This form must be completed by the student’s legal guardian.
- Proof of Indiana Residency is required
- This form should include **ALL** children in your household that you would like to enroll in SCSC.
- Forms received by **May 1, 2025** will be approved providing the students qualifies and ODT capacity exists. Forms received after **May 1, 2025** will be approved with Superintendent and Principal permission.
- Transportation of a transfer student is the parent’s responsibility. SCSC will only provide transportation to ODT students if the home address is within the ODT Board approved routes.
- Print and sign the completed form, you may turn it in to the school’s front office you are applying to or you may bring it to the Silver Creek Administration Building 601 Renz Ave.

**Parent / Legal Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Permanent Residence Subdivision Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

School Corporation where student(s) currently attend(s): \_\_\_\_\_

Student Name	Date of Birth	Grade Level (25-26)	Special Education	Language Minority?
_____	_____	_____	Y____ N____	Y____ N____
_____	_____	_____	Y____ N____	Y____ N____
_____	_____	_____	Y____ N____	Y____ N____

Why are you seeking to enroll in Silver Creek School Corporation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever been subject to disciplinary action related to school suspension, expulsion, or attendance? If yes, please explain the reason for such action, date(s), occurrence(s), and the discipline carried out by the school.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach an IEP, ILP, or 504 Plan for Special Education, Language Minority

## Summary of Transfer Regulations

- Pursuant to IC 20-26-11-32, SCSC may limit the number of new transfer students. Transfer request may not be approved if grades or schools have no transfer slots available or if a student has past concerns associated with attendance or behavior.
- Tardiness, absences, and/or disciplinary concerns may lead to revocation of the transfer approval at any time during the school year.
- There is no guarantee, implied or otherwise, of future attendance boundaries or transfer approvals.
- Transfer students from out of state will be charged tuition applicable to the current school year of admission.

***By signing, I affirm that I have completed this form completely and truthfully and I accept the Summary of Transfer Regulations. I also understand that any inaccuracies in the information submitted may result in a denied (or revocation of an approved) request.***

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

\_\_\_\_\_  
Date

### Office / District Use Only

Date Application Received: \_\_\_\_\_

Proof of Indiana Residency Received: Y \_\_\_\_\_ N \_\_\_\_\_

Received By: \_\_\_\_\_

Principal Action: \_\_\_\_\_ Approved \_\_\_\_\_ Pending \_\_\_\_\_ Denied

Principal Signature: \_\_\_\_\_

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

Principal Action: \_\_\_\_\_ Approved \_\_\_\_\_ Pending \_\_\_\_\_ Denied

Principal Signature: \_\_\_\_\_

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

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

Superintendent Signature: \_\_\_\_\_

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

If applicable, reason for Pending or Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_