

**Rossville Consolidated School District**  
**TRANSFER REQUEST APPLICATION FOR NON-RESIDENT STUDENT**

Student's Name: \_\_\_\_\_

Parent's Information: _____	_____
Parent Name	Parent Telephone Number
_____	_____
Mailing Address	Physical Address
_____	_____
City, State, & Zip Code	City, State, & Zip Code

Transferring Information: Provide information about the school district in which you legally reside:

_____	_____
School Name	Last Semester Enrolled
_____	_____
Mailing Address	School's Phone Number
_____	_____
City, State, & Zip Code	School Corporation

Student Information: _____	_____	_____
Student's Age	Current Grade Level	Last Grade Completed

Please Respond to the Following Questions:

- Has The Student Been Suspended Or Expelled For More Than Ten (10) School Days In The Twelve (12) Months Preceding The Request For Transfer? ☐ Yes ☐ No
- Has The Student Been Suspended Or Expelled For Possessing A Firearm, Deadly Weapon, Or Destructive Device, In The Preceding Twelve (12) Months? ☐ Yes ☐ No
- Has The Student Been Suspended Or Expelled For Causing Physical Injury To A Student, School Employee, Or Visitor To The School? ☐ Yes ☐ No
- Has The Student Been Suspended Or Expelled For Violating A Drug Or Alcohol Rule? ☐ Yes ☐ No
- Does the Student Have a History of Unexcused Absences, and Based Upon the Location Of the Student's Residence, Would Attendance of the Student be a Problem If Enrolled In the School Corporation? ☐ Yes ☐ No

If you answered yes to any of the above questions, please explain the circumstances on an attached sheet of paper.

A student requesting transfer to either middle school or high school shall write a one-page letter indicating why they want to transfer. Parents of elementary school-age children shall write a one-page letter indicating why they are requesting the transfer. Please sign below to authorize Rossville School Officials to contact your school for further information about your child.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Parent's Signature

Please Complete this Form and Return to:

Superintendent,  
 Rossville Consolidated School District  
 PO Box 11

# Rossville Consolidated School District **PRINCIPAL/ADMINISTRATIVE TEAM INTERVIEW FORM**

After receiving the Transfer Request Application for Non-Resident Students, the principal will complete this form.

Student's Name: \_\_\_\_\_

Parent's Information: _____	_____
Parent Name	Parent Telephone Number
_____	_____
Mailing Address	Physical Address
_____	_____
City, State, & Zip Code	City, State, & Zip Code

Requesting Transfer From: \_\_\_\_\_  
Corporation of Legal Residence

Student Information: _____	_____	_____
Student's Age	Current Grade Level	Last Grade Completed

## **Student-Parent-School Interview**

Date of Interview: \_\_\_\_\_

Individuals Involved In the Interview: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The principal's initials indicate a positive response to the statement:

- |  |                            |
|--|----------------------------|
| ~ Copy of Board Policy has been provided to parents  | _____ (Principal Initials) |
| ~ Student/Parent can transport the student to/from school<br>ensuring the student will be on time and picked up promptly   | _____ (Principal Initials) |
| ~ The student has not been suspended or expelled for more than ten (10)<br>school days in the twelve (12) months preceding the request for transfer  | _____ (Principal Initials) |
| ~ The student has not been suspended or expelled for possessing a firearm,<br>deadly weapon, or destructive device in the preceding twelve (12) months   | _____ (Principal Initials) |
| ~ The student has not been suspended or expelled for causing physical injury<br>to a student, school employee, or visitor to the school  | _____ (Principal Initials) |
| ~ The student has not been suspended or expelled for violating a drug or<br>alcohol rule   | _____ (Principal Initials) |
| ~ The student does not have a history of unexcused absences, and based upon<br>location of the student's residence, and the student's attendance would<br>not be a problem if enrolled in the school corporation | _____ (Principal Initials) |
| ~ Grade level enrollment can accommodate the student's enrollment  |                            |
| ~ The transfer meets current IHSAA transfer guidelines.  |                            |

Administrator Recommendation: \_\_\_\_\_ (Approved) \_\_\_\_\_ (Denied)

Superintendent Recommendation: \_\_\_\_\_ (Approved) \_\_\_\_\_ (Denied)

Rossville Consolidated School District  
**RESPONSIBILITIES FOR NON-RESIDENT TRANSFER STUDENT**

I, \_\_\_\_\_, am accepting full responsibility, including financial obligations,  
(Print name of parent/legal guardian)

as the parent/legal guardian of \_\_\_\_\_, for the \_\_\_\_\_ school year.  
(Print name of student) (School year)

If the transfer is approved, I agree to the following conditions:

1. The student shall comply with all conditions as outlined in the Board of Education Policy Manual, including but not limited to Section 4018 – Transfer Students, and the Student/Parent Handbook for the respective school in which they are applying.
2. The student shall provide his/her transportation to and from the school.
3. The student must be able to arrive on time and be picked up immediately following school dismissal or the conclusion of the school-sponsored activity in which the student participates.
4. The student and parent acknowledge that this transfer meets current IHSA transfer guidelines.

Parent's Information:

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
Parent's Driver's License Number

\_\_\_\_\_  
Parent's Date of Birth

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

Please Complete this Form and Return to:

Superintendent  
Rossville Consolidated School District  
PO Box 11  
Rossville, IN 46065-0011