

Valid for 2026-2027 school year  
DUNELAND SCHOOL CORPORATION  
CHILDCARE TRANSFER REQUEST



New  Returning

This form must be completed along with required documentation every school year.

Name of Student: \_\_\_\_\_ Grade (Fall 2026): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Zoned to Attend: \_\_\_\_\_ Request to Attend: \_\_\_\_\_

**CHILDCARE PROVIDER/AGENCY INFORMATION**

Childcare Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Childcare: Commercial Provider (Daycare):** Childcare is provided by a commercial center and the location of the commercial center is in the requested school zone of attendance. **Required documentation** - on letterhead that the student is actively enrolled, with verification of daycare's address. The Boys & Girls Club is not an accredited babysitter.

**Childcare: Individual Provider (Babysitter):** Childcare is provided in the location of the requested school zone of attendance. **Required documentation** - a notarized statement from the provider that the student is actively attending or current receipt from the provider for services and current documentation of the babysitter's address.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of childcare provider or facility representative

**NOTICE:**

1. The student must abide by all rules and regulations of the Duneland School Corporation. In addition, the student must maintain excellent attendance and strong academic effort/performance. If the student fails to maintain these expectations, the waiver request will be terminated and the student will be required to attend his/her home school.
2. Excessive late arrivals and/or late pickups and/or absences are cause for termination of waiver and a return to home school.
3. Proof of residency for parent/guardian and child care provider must be attached.

By signing below, you accept the guidelines of this request and understand that **approval is based on space availability at the requested school.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent **APPROVED**

\_\_\_\_\_  
Assistant Superintendent **DENIED**

Return this request and required documents to Duneland School Corporation, 601 W. Morgan Avenue, Chesterton, IN 46304 or email to: [ccrowley@duneland.k12.in.us](mailto:ccrowley@duneland.k12.in.us) before April 1, 2026.

Residency forms attached  \_\_\_\_\_ DSC initials