



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

New Palestine Community Schools Out-of-District Transfer Application

Application Available: **February 2, 2026**

Review Begins: **March 2, 2026**

Application deadline for First Semester: **September 4, 2026**

Applications accepted for Second Semester: **November 2, 2026-January 8, 2027**

1. Complete one application per student.
2. All required records should be submitted together with the completed application.
3. Incomplete applications *WILL NOT* be considered.
4. Completed applications may take up to 30 days to process.

Your transfer application will only be accepted when you have included:

- Immunization records and birth certificate
- A copy of school records including discipline records, attendance report, and Home Language Survey (required for students entering grades 1-12)
- A copy of the current IEP or 504 Plan, if applicable
- Two (2) Forms of Proof of Residence that verify you live in the State of Indiana
(Lease/Rental Agreement, Mortgage Statement, Real Estate Deed, Property Tax Statement, Paycheck/Paystub, Tax Return, Utility Bill, Insurance Bill, Vehicle Title/Registration, Driver's License or State Issued Photo ID Card with current address)

Once the application is complete, email it to Amber Rush at arush@newpal.k12.in.us or mail the completed applications to Amber Rush at 4711 S. 500 W., P.O. Box 508, New Palestine, IN 46163.

**All transfers will be considered on an individual basis on class size and building capacity.*

For Office Use Only

| | | | |
|-----------------------|--------------------------------------|-------------------------------------|--|
| Date Received _____ | Student Name _____ | Grade _____ | |
| School Assigned _____ | School Corp. of Legal District _____ | County of Legal Residence _____ | |
| STN _____ | Proof of Residence Received _____ | Birth Certificate Received _____ | Immunization Records Received _____ |
| Superintendent Action | Approved _____ | Denied _____ | Date _____ |



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

New Palestine Community Schools Out-of-District Transfer Application

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, 2026 to attend Kindergarten during the 2026-2027 school year.

First Elementary Choice (K-5): BWE / NPE/ SCE

Second Elementary Choice (K-5): BWE / NPE/ SCE

Student's Legal Name: _____
First Name Middle Name Last Name

Expected Grade Level for 2026-2027: _____ DOB: _____ Female: _____ Male: _____

Check if Currently Applicable:

| | | |
|-----|----------|--------------|
| IEP | 504 Plan | High Ability |
|-----|----------|--------------|

Student Resides With:

| | | | |
|--------------|--------|--------|-------------|
| Both Parents | Father | Mother | Other _____ |
|--------------|--------|--------|-------------|

Contact 1: _____
First Name Middle Name Last Name Relationship to Student

(Address, Including City and Zip)

Email Address

Cell Phone Number

Contact 2: _____
First Name Middle Name Last Name Relationship to Student

(Address, Including City and Zip)

Email Address

Cell Phone Number

Name and Contact Information for Current School Attending or Previous School Attended:



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

New Palestine Community Schools Out-of-District Transfer Application

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

I understand transportation is the parent's ultimate responsibility. Transportation is **NOT** provided by NPCS.

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: _____



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

New Palestine Community Schools Out-of-District Transfer Application

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 New Palestine Community 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, or send by fax to my attention at (317) 861-2142.

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



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

New Palestine Community Schools Out-of-District Transfer Application

Criteria for Enrollment of Transfer Students

The following factors should be considered when enrolling your student into NPCS:

1. Transfer student enrollment should be for education reasons.
2. **To be successful as a transfer student at NPCS, the student should be maintaining a 96% attendance rate at the current school and be in good standing.**
3. **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.**
4. **Returning transfer students must submit an “Intent to Re-Enroll Form” by May 1st of each year. Disciplinary action such as expulsion and/or excessive tardies or absences is a cause for denial of re-admittance.**
5. The transfer should not place an undue burden on NPCS, as determined by the Superintendent.
6. Final approval for admittance of transfer students to NPCS is made by the Superintendent. No appeals will be heard by the Board.
7. NPCS reserves the right to place the student in the building and class deemed most appropriate.
8. NPCS is not responsible for transportation of transfer students to and from school.
9. The Superintendent will determine if there is sufficient room in the building, grade level, and specific classroom to accept a transfer student.
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.