DUNELAND SCHOOL CORPORATION

2026 2027 School Year 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:** _____

***Proof of residency MUST be submitted with this form to be considered for enrollment.** Current lease/mortgage or **two** of the following: current utility bill, bank statement, pay stub, explanation of benefits, tax statement, or vehicle registration for both the parent/guardian and the sitter. Failure to provide the required residency documents may delay approval and/or enrollment.

CHILDCARE PROVIDER/AGENCY INFORMATION

Childcare Provider Name**:** _____

Address**:** _____ Phone Number**:** _____

Transportation Needed for: ____ AM ____PM routed from childcare provider within school attendance area.

☐ **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.

_____ 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

_____Date_____ _____Date_____

Assistant Superintendent **APPROVED** Assistant Superintendent DENIED

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

Residency forms attached ☐_____ DSC initials