Non-Resident Student Transfer Application

Parents, guardians, or custodians of Indiana students who do not reside in the Metropolitan School District of Mount Vernon (MSDMV) but who wish to enroll their child in the school system are eligible to have their child considered for enrollment by completing the form below. **Application for admission must be submitted to the building principal prior to the end of the second full week of the semester in which the applicants wish to enroll their student.** No applications will be considered past this time. See MSDMV Policy 302.01. Procedures for applying for non-resident student admission are as follows:

- 1. The principal will review and accept or reject the application based on:
 - a. Availability of space, program, and teaching personnel.

Reason rejected:

- b. Determination that the parent of the student is an employee of MSDMV.
- c. Determination that the educational goals of the family and student can be furthered at MSDMV.
- d. Determination that the child's school record and past conduct are consistent with the standards expected of the MSDMV student body.
- e. Determination that the parents, guardians, or custodians agree to provide transportation to and from the school(s) being attended.
- f. All applications and signed statements being submitted according to the timelines.
- 2. Transfer applicants will be accepted or rejected on an annual basis and applications will be subject to review prior to the opening of each school year.
- 3. The parents, guardians, or custodians agree to pay all required transfer tuition in a timely manner, on or before the date of enrollment each semester.

The building principal will grant or deny transfer requests based on established guidelines. <u>Determination of the principal will be sent to the Parent/Guardian/Legal Custodian.</u> Appeals of the principal's determination should be directed to the superintendent or his designee. The determination of the superintendent or his designee may be appealed to the Board of School Trustees. All appeals should be submitted within two days of receiving the determination by contacting the superintendent's office.

Parent/Guardian/Legal Custodian Name:		Date of	Date of Application:	
Address:	City:	State:	Zip Code:	
Student's Name:		Student's Age:		
Requested Transfer School Y	/ear:	Student's Grade Level for Requested School Year:		
Student's Current School of	Enrollment:			
Address:	City:	State:	Zip Code:	
last/current school. Also, if tuition on or before the first d	accepted, I will be respo	derstand the following: I certify that my child nsible for transportation of my child to and semester. I understand that this application is I want my child to continue at this school.	from school and will pay the	
Signature of Parent/Guardian/Legal Custodian		Date Signed		
To be completed by princip	pal:			
Date:	Signature:	(Circle	e one) Accepted Rejected	