

Transfer Student Eligibility Verification
Fairfield Community Schools
67240 CR 31, Goshen, IN 46528

Form a

Date of request: _____

Preferred School & Grade Level:

In applying for transfer tuition, students are applying to the district with placement depending on class availability at each school. School preference will be honored as much as class size allows.

Benton Elementary Millersburg Elementary-Middle School
 New Paris Elementary Fairfield Junior/Senior High School

Grade Level for which the student is applying next year: _____

Student information:

Name of student: _____ Date of birth: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Transferring from:

Name of school district student in which student currently resides: _____

School student would attend in home district if not transferring: _____

Principal/counselor of current school: _____

Address of current school: _____

Grounds for Denial of Transfer Status [IC 20-26-11-32(j)]

A student may be denied transfer if any of the following questions is answered "yes."

In the past 12 months, has the student been suspended or expelled:

For 10 or more days? yes no

For an expulsion involving a firearm, deadly
weapon, or destructive device? yes no

For causing physical injury to a student,
school employee, or a visitor to the school? yes no

For a violation of a school corporation's drug
or alcohol rules? yes no

Attendance Provision [IC 20-26-11-32]

A student may be denied transfer status or have transfer status discontinued for excessive unexcused absences.

How many unexcused absences did this student have the previous year? _____

(over)

Academic program questionnaire:

Why do you want to transfer your child to Fairfield Community Schools?

Home language survey:

1. What is the native language of the student? _____
2. What language is/languages are spoken most often by the student? _____
3. What language is/languages are spoken most often by the student at home? _____

Is your child currently receiving any exceptional or special services? _____

Please explain.

Please include any information you feel this school should be aware of in determining eligibility:

I/We attest that the above information is true. Any falsification of information will result in denial of transfer enrollment. I/We authorize the above student's current school to release to Fairfield Community Schools records to determine eligibility. I/we understand that the information will be used to determine eligibility for transfer per Fairfield Community Schools Policy #5111. I/We understand that if requests for transfer exceed the cap set by the district, this request will be included in a random drawing at a public meeting for the available slots. This does not apply to the children of school employees. I/We also understand that I/we will be responsible for any tuition and for transportation of the above transfer student if enrollment is granted. Excessive unexcused absences can result in transfer being denied or rescinded. This request is for academic reasons only.

Signed: _____ Date: _____

To Be Completed by Building Principal:

How will this student's enrollment impact grade level class size?

Are there any siblings in the school/district?

Has this student been a transfer tuition student in the past?

Additional information:

-
- I recommend this student for enrollment in Fairfield Community Schools.
- I do not recommend this student for enrollment in Fairfield Community Schools.

Principal's signature: _____ Date: _____

I approve deny this student for enrollment at Fairfield Community Schools.

Superintendent's signature: _____ Date: _____

OFFICE USE ONLY: ___ copy returned to building ___ data entered in request tracking If subject to lottery: ___ date of lottery drawing ___ placed by lottery ___ building placement
