

**Transfer Student Eligibility Application & Agreement**  
**Fairfield Community Schools**  
**67240 CR 31 Goshen, IN 46528**

Date of request: \_\_\_\_\_ Grade Level Applying for: \_\_\_\_\_ School Year Applying for \_\_\_\_\_

Please select one:  New transfer student     Returning transfer student

Please select one:  Transfer within Fairfield district     Transfer from outside district

**Preferred School:** *If applying for transfer, 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. Please indicate your preferred school.*

Fairfield Jr/Sr High School

Benton Elementary School

New Paris Elementary School

Millersburg Elementary Middle School

**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Siblings in school/district \_\_\_\_\_

**Transfer Information:**

Public school district in which student currently resides: \_\_\_\_\_

**Please explain why you want to transfer your child to Fairfield Community Schools:**

\_\_\_\_\_  
\_\_\_\_\_

This request is for academic reasons only, not an athletic or extra-curricular purpose. Initial: \_\_\_\_\_

Native language of student: \_\_\_\_\_

Language most often spoken by student:  
\_\_\_\_\_

Language most often spoken in student home:  
\_\_\_\_\_

Special Programs/Services related to student:

EL/ESL Services

Speech Therapy

Section 504

High Ability

Special Education

Other: \_\_\_\_\_



For staff use:

STN \_\_\_\_\_

Letter Sent: \_\_\_\_\_ Tracking Sheet: \_\_\_\_\_

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

*A student may be denied transfer if any of the following questions are answered with "yes". Please circle your answer.*

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 rule? 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? \_\_\_\_\_

**Parent/Guardian of applicant please review and sign:**

- I/We attest that the above information is true, any falsification will result in denial of transfer enrollment.
- I/We authorize the student's current school to release Fairfield Community Schools records to determine eligibility.
- I/We understand that the information will be used to determine eligibility for transfer per FCS Policy #5111.
- I/We understand that if request 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 understand that I/we will be responsible for any fees and for transportation of the transfer student if enrollment is granted.
- I/We agree to assist my child in maintaining good academic standing. This includes academic performance, attendance, and discipline.
- I/We understand student eligibility to for enrollment at FCS is reviewed annually.

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 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: \_\_\_\_\_

Central Office Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_