Delaware Community School Corporation 9750 N CR 200 E Muncie, IN 47303

Request for Out of District Transfer(s) 2024-2025 School Year

#1 STUDENT NAME	STUDENT DOB	STUDENT GRADE	SCHOOL REQUESTING
For Office Use Only:			
Principal Recommendation (Circle one)	Approved		Declined
Principal's Signature:		_ Date: _	
Reason for Denial (if applicable):			
Superintendent's recommendation (Circle	one) Approved		Declined
Superintendent's signature:		Date:	
#2 STUDENT NAME	STUDENT DOB	STUDENT GRADE	SCHOOL REQUESTING
For Office Use Only:			
Principal Recommendation (Circle one)	Approved		Declined
Principal's Signature:		Date:	
Reason for Denial (if applicable):			
Superintendent's recommendation (Circle	one) Approved		Declined
Superintendent's signature:		Date:	

#3 STUDENT NAME

STUDENT DOB

STUDENT GRADE SCHOOL REQUESTING

Approved	Declined
	Date:
Approved	Declined
	Date:
TENDED:	
ENDED:	
	St. Zip
OKK PHONE:	
nay immediately discontinue en aviors outline in I.C. 20-26-11	eview. According the Delaware nrollment of a transfer student who -32. Attendance and behavior are . If you have concerns of either,
is true to the best of my know	eledge.
	TENDED: City ORK PHONE: Lity will be under continuous ray immediately discontinue en aviors outline in I.C. 20-26-11 to contacting the current school ipal.

Completion of this form does not guarantee placement. Notification of approval or non-approval will be sent via US mail.