

### North Lawrence Community Schools 2021-22 Out-of-District Transfer Request

Parent Last Name:	Parent First Name:
Phone Number:	Email:
Address:	

I reside within the boundaries of the \_\_\_\_\_ School Corporation.

Is this request a continuation of a previous transfer? \_\_\_\_ Yes \_\_\_\_ No

Children Requesting Transfer (please print):

1. \_\_\_\_\_ Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I am requesting a transfer from \_\_\_\_\_ to \_\_\_\_\_.  
(districted school) (requested school)

2. \_\_\_\_\_ Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I am requesting a transfer from \_\_\_\_\_ to \_\_\_\_\_.  
(districted school) (requested school)

3. \_\_\_\_\_ Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I am requesting a transfer from \_\_\_\_\_ to \_\_\_\_\_.  
(districted school) (requested school)

4. \_\_\_\_\_ Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I am requesting a transfer from \_\_\_\_\_ to \_\_\_\_\_.  
(districted school) (requested school)

Please provide detailed reasons for the transfer request in the space below. The transfer request will not be considered without this information.

By signing below, I assure that I have read the requirements **on the second page** of this document and agree to all terms and conditions listed in this transfer.

Printed Name:

Signature:

Date:

\_\_\_\_\_  
Parent/Guardian

\*\*\* ALL TRANSFERS ARE APPROVED FOR ONE SCHOOL YEAR ONLY \*\*\*  
 PLEASE SUBMIT TO [TRANSFER@NLCS.K12.IN.US](mailto:TRANSFER@NLCS.K12.IN.US) OR  
 MAIL TO 460 W STREET, BEDFORD, IN 47421

The North Lawrence Community Schools Board of Trustees has established school boundaries to ensure balanced school enrollments and provide equitable educational experiences to all students. It is the expectation that all students attend the school that serves their home address. The following must be agreed upon by the parent/guardian of the student, the principals of both the sending and receiving schools and the Superintendent.

1. In order to maintain desired class sizes, the receiving principal will confirm that there is space available at the receiving school in the desired grade level; and
2. It is the responsibility of the parent/guardian to make all arrangements for transportation to and from school; and
3. The student will arrive at and depart from school in a timely fashion. When school commences, the student should be in his/her seat ready to start classwork. The student should depart promptly from school at dismissal time (or be enrolled in an after-school activity); and
4. The student will comply with the school's rules and regulations regarding attendance, behavior, and curricular expectations. Failure to comply may require students to return to their home school.

NLCS will not approve transfers that cause the receiving school or class to go over capacity or that the sending school or class to fall unreasonably below capacity. Class size ratios that NLCS works to maintain are Grades K-3 = 20 and Grades 4-8 = 25.

ACTION TAKEN (office use only)		
Principal Signature	Date	Denied  Approved
Business Office Signature	Date	Denied  Approved
Superintendent Signature:		
Date:		
Parent Contact Date:		

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