



Transfer Student Application 2024-2025 School Year

_____ New Transfer

_____ Returning Transfer

Student Name: _____ 24-25 Grade _____

Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

School District of Legal Residence: _____

Name of School Currently Enrolled: _____

Student does not have legal settlement within Porter Township School Corporation. Parent/Guardian requests enrollment of student as a Transfer Student for the 2024-2025 school year. *Parent/Guardian acknowledges and agrees to provide all transportation for the transfer student and to pay all costs and fees related to their enrollment.*

Parent/Guardian acknowledges and agrees that failure to pay costs and fees in a timely manner may result in:

1. Exclusion of the student from further attendance/enrollment for the remainder of the school year
2. Denial of student as a transfer student in subsequent school years
3. Legal action to collect unpaid costs and fees with all costs of collection, including pre-judgement interest, borne by Parent/Guardian

Pursuant to State law, the Board may deny a student's application to transfer to the Corporation, discontinue enrollment of a transfer student currently attending, rescind approval of a student approved to attend in a subsequent year, or establish terms or conditions for enrollment or for continued enrollment in a subsequent year, if during the preceding twelve (12) months, the student has been:

1. suspended or expelled for 10 or more school days;
2. suspended or expelled for possessing a firearm, deadly weapon, or destructive device;
3. suspended or expelled for causing physical injury to a student, school employee, or visitor;
4. suspended or expelled from school for violating a drug or alcohol rule; or
5. the student withdrew from enrollment under recommendation for suspension or expulsion as described in items 1, 2, 3, or 4 above in the 12 months preceding the request for transfer; or

Porter Township School Corporation

248 South 500 West
Valparaiso, IN 46385
219-477-4933 ext. 1000

STACEY M. SCHMIDT, Ph.D.
Superintendent

BEN PARRISH
Assistant Superintendent

KATHLEEN SMITH
CFO/Treasurer



6. the student has had a history of unexcused absences, and the Board believes that, based upon the location of the student's residence, attendance would be a problem for the student if they student is enrolled in the Corporation

Parent/Guardian represents this request for transfer for the above-named student is not made primarily for athletic reasons.

Parent/Guardian represents that he/she has legal custody and the authority to enroll the above-named student.

The undersigned represents that all information provided herein and on any other submissions to Porter Township School Corporation for purposes of consideration of this application for enrollment of the named student as a transfer student is true, correct, complete, and is subject to verification. I am aware that any omission, falsification, misstatement, or misrepresentation shall be grounds to disqualify the student from consideration as a transfer student and/or grounds for the School Corporation to rescind acceptance at a later date.

Parent/Guardian Signature

Parent/Guardian Signature

Date

PTSC Principal Signature

Date

*****OFFICE USE ONLY*****

Disciplinary & Attendance Report Rcvd: _____

Transfer Window Deadline: _____

Parent/Guardian Notified Date: _____

Board Approved: _____

Approved/Enrolled prior to ADM count day?

Yes

No

Fees:

Textbook \$ _____

Date Paid _____

Building \$ _____

Date Paid _____

Special Ed \$ _____

Date Paid _____

Vocational Ed \$ _____

Date Paid _____