

UNION TOWNSHIP SCHOOL CORPORATION
599 WEST 300 NORTH, SUITE A
VALPARAISO, IN 46385
TEL: 219-759-2531 FAX: 219-759-3250

TRANSFER STUDENT APPLICATION
2020-2021 SCHOOL YEAR
APPLICATION DEADLINE- JUNE 26, 2020

STUDENT NAME _____ 2020-2021 GRADE _____
PARENT(S) GUARDIAN (S) _____ UTSC Staff Member _____
ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
HOMEPHONE _____ CELLPHONE _____
EMAIL ADDRESS _____
BUILDING _____ NEWTRANSFER _____ RETURNING TRANSFER _____

Student does not have legal settlement within Union Township School Corporation. Parent requests enrollment of student as a Transfer Student for the 2020-2021 school year. **Parent acknowledges and agrees to provide all transportation for Student and to pay all costs and fees related to Student's enrollment as follows:**

ITEM	PAYMENT DUE
Tuition - Established July 2020	\$ _____
Textbook Rental	\$ _____
Book/Building Fees	\$ _____
Special Education, as applicable	Upon invoice presentation, 30 Days
Vocational Education, as applicable	Upon invoice presentation

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

1. Exclusion of 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-judgment interest, borne by Parent (s) / Guardian (s)

Parent represents that in the 12 months preceding this request for transfer none of the following applies to the above-named Student:

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

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

Parent represents that he/she has legal custody and authority to enroll student.

Parent acknowledges:

Application will be reviewed and selected for enrollment based on a lottery system. Preference will be given to those students returning as a transfer tuition student and to children of school corporation employees, students will be selected at the July School Board meeting according to the numbers posted on the website. Parents may not expect that siblings of students selected will automatically be offered enrollment.

The undersigned represents that all information provided herein and on any other submissions to Union Township School Corporation for purposes of consideration of this application for enrollment of the named student as a transfer student is true, correct, and 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

Principal Signature

Date

Office Use Only:

New Student Transfer _____

Returning Student Transfer _____

Disciplinary Report Received _____

Board Approved _____

Approved/Enrolled prior to ADM count day?

___ Yes ___ No

Fees paid

Textbook Amount paid \$ _____

Date Paid _____

Building Fees Amount paid \$ _____

Date Paid _____

Special Ed Amount paid \$ _____

Date Paid _____

Voc Ed Amount paid \$ _____

Date Paid _____