

GARRETT-KEYSER-BUTLER CSD

Transfer Students

Transfer Student Requests

1. A new student requesting transfer shall complete the Application for New Transfer of Non-Resident Student (Form A) and submit it to the Garrett-Keyser-Butler School Corporation Superintendent's Office prior to starting school. Transfers will be considered on a yearly basis.
2. A returning transfer student shall complete the Application for Returning Transfer of Non-Resident Returning Student (Form B) and submit it to the Garrett-Keyser-Butler School Corporation Superintendent's Office prior to starting school. Transfers will be considered on a yearly basis.
3. A new student requesting transfer to either the middle school or the high school shall write a one-page letter indicating why they want to transfer. Parent(s) of a new elementary school age child requesting transfer shall write a one page letter indicating why they are requesting the transfer. The letter will be reviewed by the applicable administrator.
4. The parent, guardian, custodian, or student agrees to provide his/her own transportation to and from the school.
5. The student shall agree to and shall arrive on time and be picked up immediately following school dismissal or immediately following the conclusion of the school sponsored activity in which the student participates.
6. The governing body of the school corporation may not deny a request for a student to transfer into the school corporation based upon the student's academic record, scores on ISTEP test, disciplinary record, disability, or upon any other factor not related to the school corporation's capacity. The school building that offers a special curriculum may require a student who transfers to the school building to meet the same eligibility criteria required of all students who attend the school building that offers the special curriculum.
7. A complete copy of the new student's discipline records must be submitted prior to consideration.
8. A student may be accepted if his/her needs can be accommodated with current staffing and program offerings and whose enrollment does not adversely affect the programming for resident students.
9. The new student/parent shall participate in an interview by the Principal or designee of the receiving school prior to the consideration of the transfer.
10. Parents will be notified of the approval or denial.

Students transferring to this Corporation from other schools or school corporations shall be placed in those classes or at those grade levels for which their previous educational experiences appear to qualify them. The School Corporation reserves the right to change or modify such placements on the basis of later information, testing, or investigation.

Payment of Transfer Tuition:

If the transfer student is enrolled prior to the fall semester ADM count date, transfer tuition will **not** be required to be paid. If the cash transfer student is enrolled after the fall semester ADM count date, transfer tuition will be required to be paid.

If an employee's child who does not have legal settlement in the school corporation is enrolled, the employee will not be charged transfer tuition. Should the employment of a non-resident employee terminate for any reason after that employee's child has been accepted for enrollment under this policy, he child shall be allowed to finish the semester in which the employment ended. The child will continue to be eligible to be a cash transfer student with the requirement that transfer tuition be paid.

GARRETT-KEYSER-BUTLER CSD
Cash Transfer Students 2019-2020

I/We _____, parent/guardian/emancipated student, hereby request that _____, a student in the _____ grade, be accepted as a cash transfer paying student in the Garrett-Keyser-Butler CSD of DeKalb County for the _____ school year at _____, or I/we currently have a student attending at _____ who needs to continue in this school.

I/We agree to all conditions as set forth by the school.

I/We understand the Garrett-Keyser-Butler CSD can provide an estimate of expenses for the cost of attending school in the district at this time. I/We understand registration of this student who does not have legal settlement within the school corporation is classified as a cash transfer student. **I/We understand that at the end of the school year the final cost and credits will be calculated for the 2019-20 school year and that I/we may owe Garrett-Keyser-Butler CSD money to cover those costs if the state credits for this student do not cover all of those costs if the cash transfer student is not enrolled prior to the fall semester ADM count date.**

If I/we register the student after the fall semester ADM count date, a statement for the estimated tuition will be calculated. I/we agree to pay the tuition in full or make payments as established for the school year in which the obligation is incurred. The final payment will be the balance of the obligation and I/we may owe Garrett-Keyser-Butler CSD more money to cover those costs if the state credits for this student do not cover all of those costs. This final payment will be calculated using the state approved form. If the state credits cover the costs and more, the school will issue a refund for the difference that has been paid.

Failure to pay a tuition installment is a ground for exclusion from school.

I/We have received a copy of Garrett-Keyser-Board Policy(s), the Form 515 if applicable, and the Garrett-Keyser-Butler Community School District Transfer Students packet.

_____ Signature of Parent/Guardian/Emancipated Student	_____ Date
_____ Printed Name	_____ Phone
_____ Superintendent	_____ Date

**GARRETT-KEYSER-BUTLER COMMUNITY SCHOOL DISTRICT
APPLICATION FOR NEW TRANSFER OF NON-RESIDENT STUDENT**

Application Date: _____

Student's Name: _____

Parent's Information:

Parent's Name

Parent's Telephone Number

Mailing Address

Physical Address

City, State, & Zip Code

City, State, & Zip Code

Transferring Information: (Provide information about the school you wish to transfer from)

School Name

Last Semester Enrolled

Mailing Address

School's Telephone Number

City, State, & Zip Code

School Corporation

Student Information:

Student's Age

DOB

Student's Grade

2018-2019
School Year Grade

Attendance: _____ Days Present Last Semester

_____ Days Absent Last Semester

Tardy to School: _____ Times Tardy to School Last Year

_____ Times Tardy to Class for Semester

Grades: (List all classes last semester and grades for each)

Is the Student in Good Standing with the School? _____

If you answered **no** to the above question, please explain the circumstances on an attached sheet of paper.

A new student requesting transfer to either the middle school or the high school shall write a one-page letter indicating why they want to transfer. Parents of a new elementary school age child requesting transfer shall write a one-page letter indicating why they are requesting the transfer.

Please sign below to authorize the Garrett-Keyser-Butler Community School Officials to contact your school for further information about your child.

Student Signature

Parent's Signature

Please complete this form and return to:

Superintendent
Garrett-Keyser-Butler Community School District
801 E Houston Street
Garrett, IN 46738

Date Received: _____

**GARRETT-KEYSER-BUTLER COMMUNITY SCHOOL DISTRICT
APPLICATION FOR RETURNING TRANSFER OF NON-RESIDENT STUDENT**

Application Date: _____

Student's Name: _____

Parent's Information:

Parent's Name

Parent's Telephone Number

Mailing Address

Physical Address

City, State, & Zip Code

City, State, & Zip Code

Student Information:

Student's Age

DOB

Student's Grade

2018-2019
School Year Grade

Is the Student in Good Standing with the School? _____

If you answered **no** to the above question, please explain the circumstances on an attached sheet of paper.

Please sign below to authorize the Garrett-Keyser-Butler Community School Officials to contact your school for further information about your child.

Student Signature

Parent's Signature

Please complete this form and return to:

Superintendent
Garrett-Keyser-Butler Community School District
801 E Houston Street
Garrett, IN 46738

Date Received: _____



**GARRETT-KEYSER-BUTLER COMMUNITY SCHOOL DISTRICT
RECORDS REQUEST FORM**

The Family Education Rights and Privacy Act (Buckley Amendment) dated June, 1976, no longer requires written parental consent to release student educational records between schools.

Name of Student: _____ Grade: _____

Last School Attended: _____

School Address: _____

School Phone: _____ Fax: _____

Has your child ever been suspended/expelled from school? ____ yes ____ no

Does your child receive special services (i.e.; speech, IEP)? ____ yes ____ no

Please forward copy of the following:

- | | |
|---|--|
| _____ Permanent Grade Record | _____ Health Records/Immunization |
| _____ Transfer Grades for Present Grading Period | _____ Birth Certificate |
| _____ Copy of Social Security Card | _____ Custody Papers |
| _____ Original Home Language Form/EL Scores | _____ Section 504 Plan |
| _____ Attendance Records | _____ Response to Instruction (RTI) data |
| _____ Discipline Records/Expulsion | _____ Any IEP* |
| _____ Any Standardized Test Scores or Records
(Statewide testing i.e. ISTEP,ECA,WIDA, NWEA, Dibels, etc) | _____ Any Psychological Records* |
| | _____ Private Health Records* |

* A Parent/Legal Guardian signature is required to receive any IEP, Psychological, or Private Health Records.

I hereby authorize the last school attended to forward any IEP, Psychological, or Private Health Records checked above:

Signed: _____ Date: _____
Parent/Legal Guardian

FOR OFFICE USE ONLY: **PLEASE DO NOT SEND STUDENT PERMANENT FILE**
Student is applying as a Transfer Student. Please do not withdraw student as enrollment is pending approval.

Please forward information to (check one):

- | | | |
|--|--|---|
| _____ Garrett High School
Guidance Secretary/Registrar
801 E. Houston St.
Garrett, IN 46738
Phone: 260-357-3114
Fax: 260-357-5000 | _____ Garrett Middle School
Guidance Secretary/Registrar
801 E. Houston St.
Garrett, IN 46738
Phone: 260-357-5745
Fax: 260-357-3575 | _____ J. E Ober Elementary
Guidance Secretary/Registrar
801 E. Houston St.
Garrett, IN 46738
Phone: 260-357-3112
Fax: 260-357-3317 |
|--|--|---|

Date(s) Faxed: _____

Date Complete Record Received: _____
Word/Transfer Tuition/Records Request 081616