



# NINEVEH-HENSLEY-JACKSON UNITED SCHOOL CORPORATION

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*Indian Creek Schools*

**2017-2018**

## **NHJ CURRENTLY-ENROLLED NON-RESIDENT TRANSFER STUDENT PACKET**

As the parent/guardian of an NHJ Indian Creek Student, who lives outside the district, we must ask you to complete the following information. Since the many changes in legislation, we are required to have you reapply as a non-resident transfer student. Also, we must inform you that you may be required to pay a transfer fee if the state does not pay the total cost to educate your child. The fee would be the difference between state funding and our cost to educate your child.

### **PARENT/GUARDIAN CHECKLIST**

**Submit all required documentation listed below to the office of the school you wish to attend OR the Superintendent's Office:**

- A completed and signed Application for Transfer of Currently Enrolled Non-Resident Student form; (one per child)



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APPLICATION FOR TRANSFER OF CURRENTLY ENROLLED NON-RESIDENT STUDENT

PLEASE PRINT

Today's Date: \_\_\_\_\_

Are you the custodial parent or legal guardian?  Yes  No

If not, please explain:

\_\_\_\_\_

Name of Petitioner: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Custodial Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(if different from petitioner) First Middle Last

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

STUDENT INFORMATION

Full Legal Name of Transfer Student \_\_\_\_\_ Transfer Grade Level \_\_\_\_\_ Transfer School Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_  
Street City State Zip

Student's Mailing Address: \_\_\_\_\_  
(if different from physical) Street City State Zip

County of Residence: \_\_\_\_\_ Township of Residence: \_\_\_\_\_

School & District of Residence: \_\_\_\_\_

NHJ School Currently Attending: \_\_\_\_\_

Name/Grade of siblings attending NHJ: \_\_\_\_\_ Name/Grade of siblings requesting transfer to NHJ: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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TRANSPORTATION AGREEMENT

If application is accepted, I agree to provide transportation to and from school. I understand that my child must arrive on time and must be picked up immediately following dismissal or at the conclusion of a school sponsored activity in which the my child participates.

ALL INFORMATION MUST BE COMPLETED AND REQUIRED DOCUMENTS MUST ACCOMPANY THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Petitioner's Signature Date

For Office Use Only

- Completed & Signed Application
Optional/Other Document(s) attached:

Date Completed Application & All Documents Received:

Received By:

For Personnel Use Only

Date Application Reviewed: Reviewed By:

Date of Interview: Interview Administrator:

I, recommend acceptance / denial of application.

If denied, reason:

Date Parent Notified: Notified By: