

Golden Bear Preschool

New Student Admission Request Form for Out of District

Parent/Guardian Information	Student Information
Name _____	Name _____
Address _____	School District in which you reside _____
City _____	Current School _____
Phone Numbers: Home _____ Cell _____ Other _____	Current Grade _____
Email Address: _____	Date of Birth _____
Are you an employee of SCS? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If applicable) Name(s) of sibling(s) enrolled in Shelbyville Central Schools:

Transfer Request Date _____

The following items need to be submitted to the Preschool Principal for transfer consideration. Please see the Public School Transfer Policy for additional information.

_____ Completed Student Admission Form for Out of District Transfer Requests

Parent Signature _____
Date

Student Admission Form and required documentation needs to be submitted with the preschool application:
Shelbyville High School
2003 S. Miller St.
Shelbyville, IN 46176

Shelbyville Central Schools will adhere to the Public School Transfer Policy when approving or denying transfer requests.

SCS Office Use Only

Date Received _____

_____ Transfer Request Approved (School placement _____)

_____ Transfer Request Denied
Reason for denial:

Principal Signature _____
Date