



ANDERSON COMMUNITY SCHOOLS

Jan Koeniger

Assistant Superintendent
Elementary, Grants, and Student Services
1600 Hillcrest Avenue
Anderson, IN 46011

N=New/
E=Existing
Gr. Level = Gr. #
Absence = A#
Referrals = R#
Sp Ed = Code #
Other Info

Application for Interschool Transfer (2018-2019 School Year)

Student Name _____ Date of Birth _____ Grade _____
(For school year requested)

Address _____ Phone No. _____

Resident School _____ Requested School _____

Does your child currently attend ACS Yes No

If yes, which school does he/she attend? _____

Is the student named above receiving Special Education services? Yes No

Reason for Request:

___ Staff member (parent, grandparent, or legal guardian) teaches/works for Anderson Schools.

___ Child Care (*must complete child care verification on back before submitting form*)

___ Other reason (please be specific) _____

TRANSPORTATION IS NOT PROVIDED TO SCHOOLS OF CHOICE.

I understand that if my child has more than 5 tardies or early dismissals, or disruptive behaviors, that this request may be voided and that my child may have to return to the school in which we reside effective immediately.

Parent/Guardian Signature

E-mail address

Date

Requests will be processed based on student numbers in the school of choice and other factors.

**Return completed form to the Assistant Superintendent for Elementary
1600 Hillcrest Avenue, Anderson, IN 46011, 765-641-2135**

Committee Use Only:

_____ Approved _____ Denied

Reason(s) for Committee Recommendation: _____

Administrative Designee Signature _____



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Verification of Child Care for Interschool Transfer

Child Care Verification: A permit may be granted for child care reasons. The student must be cared for by a Child Care Center or by someone that lives in a district different than the student's place of residence. The child care provider must complete this portion and provide a copy of the childcare license or utility bill. Transportation will be available from the child care provider.

This is to certify that I am the child care provider for the above named student and that I assume responsibility for him/her during school days between the hours of: _____ to _____.

Name of Child Care Facility

Address

Phone No.

Provider's Name (Print)

Provider's Signature