

**RETURNING REQUEST FORM**

**Shelbyville Central Schools  
Student Admission Form for Returning Out of District Students**

**Due no later than the second Tuesday in September**

**Parent/Guardian Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

**Student(s) Information**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

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**SCS Office Use Only**

Date Received: \_\_\_\_\_

\_\_\_\_ Transfer renewal approved

\_\_\_\_ Transfer renewal denied. Reason for denial:

\_\_\_\_\_

\_\_\_\_\_

Assistant Superintendent Signature

Date

