

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? ___Yes ___No	(If applicable) Name(s) of sibling(s) enrolled in Shelbyville Central Schools:

Transfer Request Date _____

The following needs to be submitted to the Assistant Superintendent 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 sent to the address below:
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

_____ Transfer Request Denied

Reason for denial:

_____ Assistant Superintendent Signature _____ Date