

MITCHELL COMMUNITY SCHOOLS
Application for Non-Resident Student Transfer

1. Date of Application: _____ (Must be made before the first student day of school)

2. Student's Name: _____

Student's Date of Birth: _____

Student's Age: _____

3. Request a transfer to grade _____ in:
(circle one) Hatfield, Burris, Mitchell Junior High, Mitchell High School

4. Date Student to Be Enrolled: _____

5. School District and School from Which Student Wishes to Transfer:

From: School District: _____

From: School: _____

6. Name and Address of Parent/Legal Guardian/Custodian (Circle One)

Phone Number: _____

7. **ASSURANCES**

As parent, legal guardian, or custodian of the above named student, my signature hereby assures Mitchell Community Schools of the following:

- I am of the sincere belief that the student can be better accommodated by the educational program of Mitchell Community Schools
- The transfer of the student to Mitchell Community Schools is necessary due to unique family circumstances.
- I will provide transportation to and from the school the student will attend.
- I will notify the school if/when the student becomes a legal resident of Mitchell Community Schools.
- The transfer of the student is **not** for athletic reasons.
- The transfer of the student is **not** to avoid a disciplinary measure imposed or about to be imposed by another school. If this is the case, please attach an explanation of the details.
- I understand that the request for transfer may be denied.
- I understand that, if granted, I need to apply each year before the first day of school to renew the transfer.

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Application for Non-Resident Student Transfer
(Continued)

Signature of Parent/Legal Guardian/Custodian

Date

Signature of Parent/Legal Guardian/Custodian

Date

Principal's Recommendation

____ Grant request

____ Deny request

Principal's signature _____

SUPERINTENDENT'S DETERMINATION

In accordance with Board of Trustees Policy 5111, the above named student is granted/denied admission to Mitchell Community Schools as a transfer student for the _____ school year.

Date

Superintendent's Signature

(2)