

Medora Community School Corporation Out-of-District Student Transfer Request

Student(s) Name:	Date of Birth:	Entering Grade Level:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

School Student(s) Last Attended:

1. _____
2. _____
3. _____

Parent(s)/Guardian(s) Name:

Address _____

City, State, Zip _____

Telephone _____

Reason for transfer:

As a parent(s)/guardian(s) of the above listed students, I accept full responsibility for providing transportation for my student(s) to and from Medora Community Schools.

Signatures of Parent(s)/Guardian(s):

_____ Date: _____

_____ Date: _____

Grade Level Capacity Limits:

Grades: K-6 (30 students per grade level) 7-12 (30 students per grade level)

Submission Deadline is September 1 of the current year. (Students living outside of the school district boundaries must submit a transfer request for approval each new school year.)

