

**SOUTH CENTRAL COMMUNITY SCHOOL
CORPORATION**

STUDENT TRANSFER APPLICATION
2018-19 SCHOOL YEAR

Name of Student: _____

Grade: _____

Permanent Address: _____

Phone# _____

Birth Date: _____

Parent/Guardian Name: _____

Previous School Name & Address _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND AUTHORIZE THE RELEASE OF ALL PAST STUDENT RECORDS TO THE SOUTH CENTRAL COMMUNITY SCHOOL CORPORATION.

Date: _____ Signature of Parent/Guardian: _____

Principal _____ Recommendation _____

Superintendent of Schools _____ Approved _____

Denied _____