

Application to Attend West Noble School Corporation  
 5050 N US Highway 33, Ligonier, IN 46767-9606  
 260-894-3191 (Telephone) 260-894-3260 (Fax)

**A transfer request shall be valid only for one (1) school year.** A parent seeking transfer for a subsequent school year must submit a new transfer request application for each school year for which transfer is sought. This completed form should be returned by August 1<sup>st</sup>.

Date: \_\_\_\_\_ Parent/Guardian Telephone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home address: \_\_\_\_\_  
 \_\_\_\_\_

Resides in School Corporation/District \_\_\_\_\_  
 (Transferor School Corporation)

School State Number: \_\_\_\_\_, County of \_\_\_\_\_

Did your child(ren) attend WN last school year? Y or N

Please list the student(s) full name, grade they will be in this fall and birth date. If your child attended somewhere besides WNSC during the current school year and the student is on a Special Education Individual Education Plan (IEP) you must submit a copy of the most recent IEP with the application. Please note approval will not be given until WNSC receives a current copy of the student's IEP.

Name	Grade (entering this fall)	Birth Date	IEP
			Y or N
			Y or N
			Y or N
			Y or N
			Y or N

I understand that I, the parent, am fully responsible for all transportation of my student throughout the school year. I understand that approval is given for a maximum of one school year at a time and may be withdrawn early if conditions are not working satisfactorily for the parents, the student, or the school.

\_\_\_\_\_  
 Signature of the Parent/Guardian

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
 Signature of Superintendent

\_\_\_\_\_  
 Date

Copy to:

Treasurer \_\_\_\_\_ Data Services \_\_\_\_\_ Parent \_\_\_\_\_ Building \_\_\_\_\_