

ADAMS CENTRAL COMMUNITY SCHOOLS
222 West Washington Street, Monroe, IN 46772
Phone: 260-692-6193

Superintendent – Mr. Joel D. Mahaffey

Middle/High School Principal – Mrs. Katrina Isch
Elementary Principal – Mrs. Mary McCullough

Request to Become a Tuition Transfer Student

Student's Name _____ Grade level for 2024-2025 _____

Parent/Guardian Names _____ Phone: _____

Home Address: _____

City _____ State _____ Zip _____ Email _____

School District of Residence _____

Student's current school _____

Please list the name and grade level of any additional children living in the household.

Name _____ Grade Level _____ Applying for tuition transfer ____ YES ____ NO

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***Separate Request to Become a Tuition Transfer Student forms are required for each student applying.*

Please state your reason(s) for wanting to transfer your student to Adams Central Community Schools.

During the last school year, has your student accumulated five (5) or more UNEXCUSED absences or late arrivals to school? ____ NO ____ YES

In the past twelve (12) months, has your student been suspended, expelled, or otherwise separated from school?

____ NO ____ YES If yes, please list the reason and number of days suspended, expelled, or separated from school.

Has your student had any regularly recurring discipline issues in the past twelve (12) months at their current school?

____ NO ____ YES If yes, please explain.

Please describe any academic related concerns for your student.

Is your student receiving any special services at their current school (IEP, RTI, 504, Title One, High Ability, etc.)?

____ NO ____ YES If yes, please describe.

Please mark if any of the following apply:

____ Student has a sibling(s)/household member(s) currently attending ACCS as an approved tuition transfer student.

Name of ACCS student(s): _____

____ Student is a dependent of a current ACCS employee. Employee name: _____

____ Student is currently enrolled at ACCS, but has now moved out of the district and is applying to remain enrolled.

- *Please note that by signing this document, you agree and recognize that representatives of Adams Central Community Schools may contact a representative of your current or former school to have discussion about your child. Content of this discussion will be used as part of your child's application as he/she is being evaluated as a potential tuition transfer student at Adams Central.*
- *The decision on whether your child will be admitted as a tuition transfer student to Adams Central Community Schools will be made by the principal of the appropriate building. Please note that the number of students admitted to a grade level may vary within the district. This number may be based on, but is not limited to, such things as student enrollment and staffing.*
- *Individual denial of student admission may be caused by the following items:*
 1. *Having any significant discipline issues resulting in suspension or expulsion at a prior school in the past twelve (12) months.*
 2. *Current enrollment at each grade level will dictate the number of transfer students accepted for a new school year. This number will be determined by ACCS administration and if there are not enough slots available, some students will be denied. The process for determining which students will be accepted will be done by random drawing.*

****PLEASE NOTE: Parents are responsible for transporting their student to and from ACCS.**

Parent Signature _____ Date _____

Return this form to: Adams Central Community Schools
222 West Washington Street
Monroe, IN 46772

Adams Central Community Schools is open to students regardless of age, race, color, religious affiliation, national origin, ancestry or creed, gender, marital status, limited English proficiency and/or disability.

Office use only

Date Received _____ Form sent to building level principal on _____

____ Approved ____ Denied Date _____ Principal Signature _____