

GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION

Transfer Application Form

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Sex: _____
Home School: _____ Current Grade: _____
Social Security Number: _____ STN: _____
Home Address: _____

Student Cell #: _____ Personal Email: _____
Check the box for your program preference: HVAC I HVAC II

FAMILY INFORMATION

Parent/Guardian Name: _____ Relation to Student: _____
Cell #: _____ Email: _____
Place of Employment: _____ Work Phone #: _____
Parent/Guardian Name: _____ Relation to Student: _____
Cell #: _____ Email: _____
Place of Employment: _____ Work Phone #: _____
Parent/Guardian Signature: _____ Date: _____

COUNSELOR SECTION

Has this student passed English ISTEP? Yes No
Has this student passed Math ISTEP? Yes No
Will this program be used as a graduation pathway? Yes No
Does this student have an IEP? Yes* No

Please attach the student's transcript, discipline records, and current school year's attendance to this application.

***If the student has an IEP, please attach the IEP and behavior intervention plan.**

Counselor's Signature: _____ Date: _____