



Administration Office • 13485 Cumberland Road • Fishers, IN 46038

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RE: Transfer Appeal Requests

Dear Parent/Guardian:

We know that parents and students who are requesting a Transfer Appeal are anxious to have final decisions made as soon as possible. Consequently, it is essential that you provide accurate information when submitting your appeal for review by the Transfer Appeal Committee. This committee consists of the Assistant Superintendent for Curriculum and Instruction, the Chief Financial Officer, the Director of Transportation, the Director of Special Services, and the Business Manager. As a final consideration, the Superintendent of Schools will review and if appropriate, endorse the committee's determination.

Please provide the following information:

Student Name(s): \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address, City School

New Address in HSE  
School's Attendance Area: \_\_\_\_\_  
Street Address School

**OR:**

School Requesting to Attend: \_\_\_\_\_

Parent Contact Information

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please submit:

- Completed information above
- A detailed paragraph regarding your circumstances and why you would like your child(ren) to attend Hamilton Southeastern Schools or a school other than your home school
- *Homeowner's and Renter's Statement of Residency Form* (following)
- Proof of Residency (Provide original Lease or Purchase Agreement for future residence) the lease /purchase agreement **must** contain an approximate closing date and/or date of possession and signatures from the buyer and seller/builder - **complete residency verification is required within 45 calendar days after enrollment**

**Submit to:** School Requesting to Attend – if you have students in multiple schools please submit all student information to **one school**. Building secretaries will share information submitted.

**The committee will not review your appeal until the above documents are received.**

**Hamilton Southeastern Schools  
Homeowner's and Renter's Statement of Residency**

School(s) \_\_\_\_\_ School Year \_\_\_\_\_

I am aware that Indiana Education Code and HSE Schools Governing Board Policy on attendance require students to be enrolled in the district in which the student's parent/legal guardian resides.

I certify that my child \_\_\_\_\_ resides with me  
(Name of Student(s) and Grade of Student(s))

\_\_\_\_\_, \_\_\_\_\_  
Name Relationship to Student

At this address: \_\_\_\_\_  
Street Address City Zip

which lies within the attendance boundaries of Hamilton Southeastern Schools. Further, I understand it is considered falsification if I move from this address and fail to notify the school. It is my responsibility to notify the school within five days if my child or I move from this address. Should this statement be found to be false, I understand that I am legally liable for any educational costs incurred by Hamilton Southeastern Schools. In addition, my child will be dis-enrolled and referred to his/her resident district for enrollment. District transfers may not be approved if parent/guardian has falsified residency.

I have provided the required documentation as proof of residence for enrollment for the current school year.

\_\_\_\_\_  
Date Signature of Homeowner/Renter

\_\_\_\_\_  
Home Telephone Number Work/Cell Telephone Number

\_\_\_\_\_  
Email Address

You must submit original documents, copies will not be accepted (original documents will be returned to you). Mail addressed to post box numbers will not be accepted. All applicants must submit at least one document from each of the columns on the chart. Partial Residency Verifications are accepted only in the most extreme circumstances where a student's educational well-being would be severely jeopardized otherwise. Students will be placed on a class list and can begin attending when the school receives one document for proof of residency listed on the chart. If the residency verification is not completed within 45 days, your child will be dis-enrolled.

\*\*\*\*\*FOR HSE USE ONLY\*\*\*\*\*

\_\_\_\_\_ Documentation from Column A \_\_\_\_\_

\_\_\_\_\_ Documentation from Column B \_\_\_\_\_

\_\_\_\_\_ Documentation from Column C \_\_\_\_\_

Address and proof of residence verified by:

\_\_\_\_\_  
School Administrator Date