



# Monroe Central School Corporation

1918 North CR 1000 West  
Parker City, Indiana 47368  
765-468-6868 765-468-6578 FAX

## Transfer Tuition Application

Student Name \_\_\_\_\_ Current School \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Enrollment Date \_\_\_\_\_

Reason for transfer \_\_\_\_\_

Suspension/Expulsion proceedings at present school? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Preferred Payment Schedule: (check one)

Annual \_\_\_\_\_ Semester \_\_\_\_\_ 9 weeks \_\_\_\_\_ Monthly \_\_\_\_\_

*Payment will due at the beginning of each scheduled period and will be based on the enrollment date and the current Indiana State Tuition Support Formula.*

I affirm under penalty for perjury that the above information is true. I also understand that it is my responsibility to arrange a payment schedule with the Monroe Central School Corporation and furthermore, my child will be subject to exclusion if I do not meet the provisions of the payment schedule.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To be completed by the Corporation Treasurer)

Due Date	Amount Due	Date Received	Balance Due

Approved: \_\_\_\_\_ Date: \_\_\_\_\_