

Crawfordsville Community School Corporation

1000 Fairview Avenue, Crawfordsville, IN 47933

Phone: 765-362-2342 Fax: 765-364-3237

Application for Transfer of Nonresident Student

As per state law, under no circumstances will a transfer student be accepted for athletic purposes. Space is limited for transfer students; therefore it is important that you return this application as soon as possible. The application for transfer must be received at the Administration Office **before August 1**. If grade level capacity is reached, a random drawing will be necessary to determine who will be accepted at each grade level.

The transfer form is only step 1. In August, you will need to go to your child's individual school to enroll them. Please contact your child's school the week of August 1st to find out what dates are available for you to visit the school and enroll your child(ren). You will be expected to pay book rental fees at the time of enrollment.

Date _____

Student #1 _____ Grade (fall) _____
First Last

Student #2 _____ Grade (fall) _____
First Last

School system of legal residency _____

Name _____
parent/guardian/emancipated student submitting request

Address _____

City _____ Zip _____

Home phone _____ Cell phone _____

E-mail (*please **print clearly**, we will contact you via email with the Superintendent's/Designee's decision*)

Reason for transfer: _____

Attach the following records from previous school:

- ✓ Disciplinary record
- ✓ Attendance record

For Office Use Only

Date application was received _____ Transfer approved: Yes ____ No

Superintendent/Designee Date _____