Crawfordsville Community School Corporation

1000 Fairview Avenue, Crawfordsville, IN 47933 Phone: 765-362-2342 Fax: 765-364-3237

Reapplication for Transfer of Nonresident Student

Your child has completed a successful year in our school district. 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. 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

Student #3_____ 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 notify you via email after the application has been approved*):

_____

Reason for transfer: _____

_____

For Office Use Only

Date application was received _____ Transfer approved: Yes ____ No ____

_____ Date _____
Assistant Superintendent