

Nonresident Student Transfer/Registration Form

Form to be used by NONRESIDENT students requesting admission.

Student's Name _____

Last

First

Middle Initial

Home Address _____ Phone # _____

Present District and School _____ Present Grade _____

Requested School _____ For School Year _____ Grade _____

Date of Request: _____

Reason for Transfer _____

NOTICE

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws. Any student who transfers enrollment from a district of residence to a nonresident district shall be ineligible to participate in interscholastic athletics for one (1) calendar year from the date of transfer.
2. Requests for transfer for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

I UNDERSTAND THAT, IF APPROVED, THIS ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Parent/Guardian's Signature _____ *Date*

TO BE COMPLETED BY CENTRAL OFFICE PERSONNEL

Application Approved Disapproved Date _____

Parent/guardian contacted Yes No Date _____

Present School Contacted Yes No Date _____

Requested School Contacted Yes No Date _____

Professional recommendation, if required _____

Superintendent/designee's Signature _____ *Date*