

**Annual Nonresident Student Transfer/Registration Form**

**Form to be used annually by NONRESIDENT students requesting admission.**

Student's Name \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Previous School Attended \_\_\_\_\_

District of Residence: \_\_\_\_\_

Date of Request: \_\_\_\_\_ For School Year: \_\_\_\_\_ Grade \_\_\_\_\_

Reason for Transfer/Admission Request: \_\_\_\_\_

Was the student enrolled in any special services?

- Gifted and Talented     Special Education     Speech     Other (please specify below):

(For placement purposes only - not a determining factor in granting acceptance.)

Why do you want your child to attend Bellevue Independent Schools? \_\_\_\_\_

**NOTICE**

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.

Students are admitted based on the information provided and records received. Continued enrollment is dependent on the student's attendance, appropriate academic progress, and discipline records.

Submitting false information will make this application invalid.

**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*

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**APPLICANT RECOMMENDED**

**APPLICANT NOT RECOMMENDED**

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*Date*

Review/Revised:1/25/2023