

**Nonresident Student Transfer/Registration Form**

**Form to be used by NONRESIDENT students requesting admission (all information is required)**

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

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Non-Resident School District:**  Barren  Caverna  Edmonson  Elizabethtown  Glasgow  
 Grayson  Green  Hardin  LaRue  Metcalfe  Nelson  Taylor  Warren  Other \_\_\_\_\_

**Requested School:**  Bonnierville  Cub Run  HCHS  LeGrande  Memorial  Munfordville

**For School Year** 2023-2024 **Grade** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Reason(s) for Transfer** \_\_\_\_\_  
\_\_\_\_\_

**NOTICE**

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
2. Requests for transfer for 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 SPECIAL TRANSPORTATION NEEDED, IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

\_\_\_\_\_  
**Parent/Guardian's Signature** \_\_\_\_\_  
*Date*

**TO BE COMPLETED BY SCHOOL PRINCIPAL  
(SUBMIT TO CENTRAL OFFICE)**

Application	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date _____
Parent contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Present School Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Requested School Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____

Professional recommendation, if required \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Superintendent/Designee's Signature** \_\_\_\_\_  
*Date*