



# 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. (You will not be able to register your child until this form has been submitted and approved). 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. Parents/guardians agree to provide out-of-district transportation and in-district transportation may or may not be provided to transfer students.*

Date \_\_\_\_\_

Student #1 \_\_\_\_\_ Grade (fall) \_\_\_\_\_  
First Last

Student #2 \_\_\_\_\_ Grade (fall) \_\_\_\_\_  
First Last

Student #3 \_\_\_\_\_ Grade (fall) \_\_\_\_\_  
First Last

Student #4 \_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_  
Superintendent Date \_\_\_\_\_