

Nonresident Student Admission Form

**This form must be approved/on file for students NOT residing in Madison County.
Once approved this form will be forwarded to the Resident District Superintendent as
notification of Student Enrollment and the release of ADA funds to Madison County Schools.**

Enrollment Year _____ Date of Request _____

Student's Name _____ Grade Level _____

Last First Middle

Home Address _____

Street City Zip County

Parent/Guardian Name _____ Phone # _____

Requested School of Enrollment _____ Academic Year _____

Reason for Transfer _____

NOTICE

1. 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.
2. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
3. Requests for transfer for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

Parent/Guardian's Signature

Date

Principal of Requested School's Signature

Date

Madison County Superintendent/Designees Signature

Date

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Student's Name _____ Grade Level _____

Last
First
Middle

Home Address _____

Street
City
Zip
County

Parent/Guardian Name _____ Phone # _____

Requested School of Enrollment (Madison County) _____

Reason for Transfer _____

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*Parent/Guardian's Signature*_____
*Date*_____
*Signature of Requested School's Signature*_____
*Date*_____
*Madison County Superintendent/Designees Signature*_____
Date

Review/Revised:7/13/2023