



AVON

COMMUNITY
SCHOOL
CORPORATION

Request for Non-Resident Enrollment 2026-2027

Date: _____

Student Name: _____ Date of Birth: _____

2026-27 Grade: _____

Grade 9-12 Virtual School: _____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Email Address: _____

School District in which you reside: _____

Most recent school student attended: _____

Does the student receive any special services?

☐

Special Ed (IEP)

☐

High Ability

☐

504 Plan

☐

ML Services

Does Parent/Guardian work for ACSC? If so, please list name and work place:

Reason for requesting the transfer:

Grounds for immediate denial of student transfer status: (IC 20-26-11-32(j))

In the past 12 months, has the student been suspended or expelled:

• For more than 10 school days (including in-school suspension)?

☐

Yes

☐

No

• For possession of a firearm, deadly weapon, or destructive device?

☐

Yes

☐

No

• For causing physical injury to a student, staff or school visitor?

☐

Yes

☐

No

• For violating a drug or alcohol rule?

☐

Yes

☐

No

Student has unexcused/excused absences equaling more than 10 days?

☐

Yes

☐

No

If you answered Yes to any of the above, please explain:

☐

I understand that if approved, this transfer is conditional on my student maintaining satisfactory attendance and behavior. I am responsible for all transportation and all school related fees.

☐

I understand that if the information on this application is found to be inaccurate, the transfer will be denied or revoked immediately.

Parent/Guardian Signature: _____ Date: _____