

CARMEL CLAY SCHOOLS
Residency/Transfer Request

Updated: 5/11/26

TODAY'S DATE _____

PLEASE CHECK APPROPRIATE BOX

☐

REQUEST IS FOR THE BEGINNING OF THE _____ SCHOOL YEAR (ie: 2026-2027)

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REQUEST IS FOR THE REMAINDER OF THE _____ SCHOOL YEAR (ie: 2026-2027)

REASON FOR REQUEST

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Current address is within the Carmel Clay Schools boundaries, but is temporary. We will be moving to a different address within the Carmel Clay Schools boundaries during this school year. ***You must attach proof of residency for your new home, showing that you will be residing there within 90 days of this application.***

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In-District Transfer: I live within the Carmel Clay Schools boundaries & would like to request my child attend a different school within the CCS district.

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I do not currently live in the Carmel Clay Schools district. I am submitting a **Temporary Non-Resident** request: ***You must attach evidence of intent to establish residence within the school corporation within 90 days of this application.*** The student's first day of attendance will be _____.

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I am a regular Carmel Clay Schools employee & live within the CCS boundaries (proof of residency is not required for employees). If you do not live within the CCS boundaries, please complete the "Non-Resident Employee Enrollment Benefit Application" found on the CCS Staff website: <https://www.ccs.k12.in.us/staff>

Your School/Location (for CCS employees only) _____

Position (for CCS employees only) _____

STUDENT'S FULL NAME _____

STUDENT'S CURRENT GRADE _____ STUDENT'S DATE OF BIRTH _____

SCHOOL STUDENT IS CURRENTLY ATTENDING (or zoned school) _____

STUDENT'S GRADE LEVEL NEXT SCHOOL YEAR _____

SCHOOL YOU ARE REQUESTING _____

STUDENT'S CURRENT ADDRESS _____

WHAT IS THE PROPOSED/NEW ADDRESS (if applicable) _____

WHAT IS YOUR ANTICIPATED MOVE-IN DATE TO NEW RESIDENCE (if applicable) _____

YOUR NAME _____

YOUR E-MAIL ADDRESS_____

YOUR PHONE NUMBER_____

****PLEASE NOTE: FOR ALL REQUESTS:**

1. *You must provide: a purchase agreement, closing documents, deed, lease agreement, mortgage document, or property tax statement, **AND***
2. *Gas or electric utility bill (other utilities not accepted). Provide when established.*

*****Transfer approvals are rare; student information, classroom size, building capacity, and staffing are all considered when reviewing transfer paperwork. Please refer to the guidelines found [here](#) for ALL residency/in-district transfer requests.***

REQUESTS WILL NOT BE ACCEPTED/CONSIDERED WITHOUT PROPER DOCUMENTATION

PLEASE BE AWARE: **DISTRICT TRANSPORTATION WILL NOT BE PROVIDED**

PLEASE EXPLAIN UNIQUE HARDSHIP/CIRCUMSTANCES (please attach a separate page, if needed)

PRINTED NAME_____DATE_____

Parent or legal guardian

SIGNATURE_____

***Please note: Carmel Clay Schools has the right to revoke/rescind the decision at any time.**

BUILDING PRINCIPAL'S SIGNATURE_____DATE_____

PRINCIPAL'S COMMENTS/NOTES_____

****PLEASE SEND COMPLETED FORM TO YOUR CHILD'S SCHOOL** Please allow 10-14 business days for a response.**

For office use only:

APPROVED: _____DATE_____

DENIED: _____DATE_____

Student will need to attend_____

Reason for Denial_____