

Renewing requests **MUST** provide proof of residency if your address changed from last year.

It is the policy of the Clarksville Community School Corporation not to discriminate on the basis of race, color, religion, gender, national origin, age, limited English proficiency, or handicapping condition in its programs or employment policies as required by the Indiana Civil Rights Act (I.C. 22-9.1), Title VI and Title VII (Civil Rights Act of 1964), the Equal Pay Act of 1973, Title IX (Educational Amendments), and Sections 504 (Rehabilitation Act of 1973). Any concerns with regard to Section 504/ADA and Title IX, may be directed to the attention of the Superintendent of Schools, 200 Etzel Lane, Clarksville, IN 47129. Phone 812 282-7753.

Case # _____

For School Year _____

NAME OF STUDENT: _____

REASON FOR TRANSFER REQUEST: (add additional pages as needed) _____

I have read the Non-resident Student Admission Policy and request that: _____
 (Student's name)

be admitted as a student in the Clarksville Community School Corporation. I hereby certify that I understand and accept the conditions and limitations under which this transfer is granted. I am aware that failure to provide appropriate information requested by the Corporation is grounds for the exclusion of my child from school and/or jeopardizes acceptance the following year, if applicable. I also certify that if this Transfer Request Form is signed by one of two parents or legal guardians, it is with the knowledge and agreement of the other parent or legal guardian to the conditions and limitations under which this transfer is granted. This application must be completed prior to the beginning of each school year.

Date _____

Signature of Parent, Legal Guardian, or Custodian _____

Signature of Parent, Legal Guardian, or Custodian _____

Below for office use only

Proof of Residency has been provided with this form. _____ YES _____ NO (If NO, then request cannot be approved.)

I recommend this student's transfer be _____ (approved/denied).

Signature of School Principal _____

Date: _____

Reason if denied:

I ____grant/____deny the principal's recommendation to deny or revoke the student's transfer request.

Signature of Superintendent _____