Case #			

For	School 5	Year		
	SCHOOL	rear		

CLARKSVILLE COMMUNITY SCHOOL CORPORATION

200 Ettel Lane - Clarksville, IN 47129
APPLICATION FOR NON-RESIDENT STUDENT ADMISSION
(Transfers are for one year only. A new application must be completed each year)

	REQUESTING N	NEW TRANSFER			RENEWING	TRANSFER REQUEST
REQU	ESTING ADMISSI	ON TO:				
	Clarksville Eleme Clarksville Middl Clarksville High Renaissance Ac	e School School				
This st	udent will be enro	lling in the	grade.			
			Please print	all information		
NAME	OF STUDENT:	(Last)		(Firs	st)	(Middle)
	(Birth Date)		(Primary Ph	one)	(E	mail Address)
LEGAL	OF PARENT(s), _ GUARDIAN, JSTODIAN:					
HOME	ADDRESS:					
	(Street)					
	(City)			(State)		(Zip)
	OL NOW ATTEND ST ATTENDED:	DING				
		(Name of	School)	(Current Gr	rade)	(School District)
SCHO	OL'S COMPLETE	ADDRESS:				
	(Street)			(City)		(State & Zip)

The following information must be received with NEW application requests: Your child's last report card, discipline record and attendance record.

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, Dr. Kimberly Knott, Superintendent of Schools, 200 Ettel Lane, Clarksville, IN 47129, Phone 812 282-7753.

DEAGON FOR TRANSFER REQUIEST /- LL - LIV	
REASON FOR TRANSFER REQUEST: (add additi	ional pages as needed)
I have read the New regident Ctudent Admission De	plies, and request that
Thave read the Non-resident Student Admission PC	olicy and request that(student's name)
be admitted as a student in the Clarksville Commu	unity School Corporation. I hereby certify that I understand and
accept the conditions and limitations under which	n this transfer is granted. I am aware that failure to provide
appropriate information requested by the Corporati	ion is grounds for the exclusion of my child from school and/or
jeopardizes acceptance the following year, if applic	cable. I also certify that if this Transfer Request Form is signed
by one of two parents or legal guardians, it is with	th the knowledge and agreement of the other parent or legal
guardian to the conditions and limitations under	r which this transfer is granted. This application must be
completed prior to the beginning of each school year	ar.
Date	Signature of Parent, Legal Guardian, or Custodian
	Signature of Parent, Legal Guardian, or Custodian
	- 3
****************	**************************
I hereby recommend that this application be	
I hereby recommend that this application be Signature of School Principal	
I hereby recommend that this application be Signature of School Principal	(Approved/Denied). Date:
I hereby recommend that this application be Signature of School Principal	(Approved/Denied). Date:
I hereby recommend that this application be Signature of School Principal ***********************************	(Approved/Denied). Date:
I hereby recommend that this application be Signature of School Principal ***********************************	(Approved/Denied). Date:
I hereby recommend that this application be Signature of School Principal ***********************************	(Approved/Denied). Date:
I hereby recommend that this application be Signature of School Principal ***********************************	(Approved/Denied). Date:

For School Year __

Case #_

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, Dr. Kimberly Knott, Superintendent of Schools, 200 Ettel Lane, Clarksville, IN 47129, Phone 812 282-7753.