

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION
1200 Central Avenue, Columbus, IN 47201
REQUEST FOR STUDENT TRANSFER ENROLLMENT

Parents'/Legal Guardian's Name: _____

Complete Address: _____

City, State, Zip: _____

Parents' Phone Number with area code: _____

Contact Email Address: _____

Student's Name: _____ Birth Date: _____

Student's Grade Level: _____ for _____ school year.

In which of our schools do you wish to enroll? 1st Choice: _____

2nd Choice: _____

Has student previously attended school in the Bartholomew Consolidated School Corporation? Yes No

If so, from _____ to _____; grades _____ to _____; School _____
year year

School Corporation Student is Transferring From: _____
(School Corporation you currently live in)

NOTE: Transportation is not provided for Transfer Enrollment Students.

Reason for transfer: _____

Has the student been expelled/excluded for 10 days or more from the school corporation in which the student is presently enrolled within the past 12 months? Yes No

If yes, please indicate if the expulsion/exclusion has been for any of the following reasons:

_____ possession of firearm, deadly weapon, or destructive device _____ causing physical injury to a person
_____ violation of the Corporation's drug or alcohol rules _____ history of unexcused absences

Parent Signature: _____

Date: _____ Parent Signature: _____

Principal (1) _____ Date: _____

Approved Denied Reason _____

Principal (2) _____ Date: _____

Approved Denied Reason _____

Superintendent _____ Date: _____

Approved Denied Reason _____