

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 _____