

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION

Application Request for In-District School Transfers

SY: 2024-2025

Application Date _____ Last School Attended _____

Please complete and submit this form to the Main Office of your current school by March 15. You will be contacted regarding your application within 5-7 business days.

I. Student's Name _____

Parent's/Legal Guardian's Name _____

Address _____ Zip _____

Parent Phone Number () _____ Work Number () _____

Current Grade Level (24/25 School Year) _____

Transferring from (check one):

- ___ East
___ North
___ CSA East
___ CSA North
___ CVP East
___ CVP North
___ Central
___ Northside

Transferring to (check one):

- ___ East In-Person
___ North In-Person
___ CSA East
___ CSA North
___ CVP East
___ CVP North
___ Central
___ Northside

REASON FOR TRANSFER REQUEST: (check one)

- ___ Sibling already in attendance at school requested
___ Wishes to continue in the same school
___ Program design (Please Explain) _____
___ Other (Please Explain) _____

I understand that if this request is approved, any additional transfers would be on a case by case basis.

I will assume responsibility for the student's transportation to and from school.

Parent's/ Legal Guardian's Name _____ Date: _____

II. Please complete Section II if the student is requesting athletic eligibility.

Within the last year, has the student competed in an IHSAA sanctioned sport in grades 9 - 12?

Yes _____ No _____

If the answer is "Yes," the parent must obtain from the receiving school an IHSAA Athletic Transfer Report, complete the required information and return it to the receiving school for further processing with the IHSAA. The governing rules of the IHSAA provide that this transfer form must be approved by the commissioner of the IHSAA before the student is eligible for athletic participation. The IHSAA, not BCSC, will determine athletic eligibility for any student currently in grades 9 - 12.

For Principals Only

(current principals signature) Date Approved Deny Reason: _____

(receiving principals signature) Date Approved Deny Reason: _____

(CSA principals signature if applicable) Date Approved Deny Reason: _____