SY: 2024-2025

Application Request for In-District School Transfers

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: _______________________

___________________________________________________________________________