

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? 1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_