FAYETTE COUNTY SCHOOL CORPORATION
Out of County Transfer Form

Date_____

Fayette County School Corporation
Assistant Superintendent
1401 Spartan Drive
Connersville, IN. 47331

OUT OF COUNTY TRANSFER

I am requesting enrollment in the Fayette County School Corporation for my child (ren) for the following reason: _____
_____
_____
_____

Name(s) and grade level(s) of child(ren) wishing to be transferred:

_____	_____	_____
Name	Grade	School Requested to Attend
_____	_____	_____
Name	Grade	School Requested to Attend
_____	_____	_____
Name	Grade	School Requested to Attend

Parent/Guardian Name _____

Address _____City_____Zip: _____Phone: _____

Place of employment: _____

School district where child lives _____

I understand that school enrollment is based upon available space. I understand that any changes in the above information must be reported to the school office immediately. Parents must provide transportation.

I understand that this is for the _____ school year only.

_____	_____
Signature of Parent/Guardian	Date
_____	_____
Approved/Disapproved	Date

FCSC School Board Policy 5.09
Revised: 7/5/12, 7/7/15