West Central School Corporation

1850 S. US 421 P.O. Box 578 Francesville, IN 47946

"Encourage Every Student Every Day" *Engage *Empower *Educate

Phone 219-567-9161 Fax 219-567-9761

Annual Request for Out of District Transfer Non-Resident Student

Parents and/or Guardians interested in enrolling their student in the West Central School Corporation must complete this "Annual Request for Out of District Transfer" form for non-resident students before registration and be approved prior to transfer.

Student Name:	
Parent/Guardian Name:	
Current Address:	
Phone Number:	Grade Level:
Current Corporation of Legal Settlement:	
Reason for Request:	
I understand:	
(A) Non-resident student is in good standing in the (suspended or expelled students will not be acc(B) Parent agrees to provide transportation to and for the contraction of the contracti	cepted).
The decision of the superintendent to allow entrance we enrollment of the student, student attendance and acade graduation, availability of programs, class size, and of student(s).	lemic record and status regarding
Parent/Guardian Signature	Date
*Return this form to the West Central School Corpora	ution Office
Central Office Use	Only
Student Transfer Approved	Date:
Student Transfer Denied	Date: