

STUDENTS

09.12 AP.21

**Nonresident Student Transfer/Registration Form**

**Form to be used by NONRESIDENT students requesting admission.**

**Requests are due by July 15 of the prior school year.**

Formatted: Space After: 0 pt

Formatted: ksba normal

Formatted: Space Before: 0 pt

Student's Name \_\_\_\_\_  
*Last First Middle Initial*

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

County in which student resides: \_\_\_\_\_

Present District and School \_\_\_\_\_ Present Grade \_\_\_\_\_

Requested School \_\_\_\_\_ For School Year \_\_\_\_\_ Grade \_\_\_\_\_

Date of Request: \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE**

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
2. Requests for transfer for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

**I UNDERSTAND THAT, IF APPROVED, THIS ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY CENTRAL OFFICE PERSONNEL**

Application ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Parent/guardian contacted ☐ Yes ☐ No Date \_\_\_\_\_

Present School Contacted ☐ Yes ☐ No Date \_\_\_\_\_

Requested School Contacted ☐ Yes ☐ No Date \_\_\_\_\_

Professional recommendation, if required \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Superintendent/designee's Signature*

\_\_\_\_\_  
*Date*