

CLARK COUNTY SCHOOLS
1600 WEST LEXINGTON AVE.
WINCHESTER, KENTUCKY 40391
Office of the Superintendent

Phone (859) 744-4545

Fax (859) 745-3935

Non Resident Intent Form for 20__ - 20__

This side of form must be completed by the Superintendent's Office
of the school district where the student resides.

PLEASE RETURN THIS FORM TO CLARK COUNTY SCHOOLS
AS SOON AS POSSIBLE

TO: DIRECTOR STUDENT SUPPORT SERVICES AND ACCOUNTABILTY, CLARK COUNTY SCHOOLS

FROM: _____, Superintendent

_____, School District

DATE: _____

RE: RELEASE OF ADA FUNDS

_____, a resident of the

_____ School District, desires to enroll in Clark County Schools as a

non-resident student for the _____ school year. The _____ County Board of

Education will release ADA funds for _____ to Clark County Public Schools.

(name of student)

INTENT TO ENTER CONTRACT

The _____ Public School District will agree to enter into a contract with the

Clark County Public Schools for the education of _____ for the 20__-20__

(name of student)

school year.

Superintendent

Date

To be completed by Parent/Guardian

PLEASE RETURN THIS COMPLETED FORM TO THE BOARD OF EDUCATION OFFICE IN THE COUNTY THAT YOUR CHILD RESIDES AS SOON AS POSSIBLE.

Full Legal Name of Student _____

Social Security Number _____

Grade Level of Student _____

School Student will be attending _____

Last School Attended _____

Reason for Request _____

Did Student have academic, attendance, or behavioral problems? Explain _____

Name of Parent/Guardian _____

Address _____

Telephone _____ (day time) _____ (cell phone)

Signature of Parent/Guardian _____ Date _____

In the event that a non-resident student does not meet the attendance, behavioral, and/or academic standards and expectations of the Clark Co. Schools, the non-resident status will be cancelled and the student will be withdrawn from Clark County Public Schools

Nonresident Student Transfer/Registration Form

Form to be used by NONRESIDENT students requesting admission.

Student's Name _____
Last First Middle Initial

Home Address _____ Phone # _____

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

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TO BE COMPLETED BY CENTRAL OFFICE PERSONNEL

Application Approved Disapproved Date _____

Parent 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