



MILAN COMMUNITY SCHOOLS

412 E. CARR ST.
MILAN, INDIANA 47031
Tel(812) 654-2365

Jane E. Rogers
Superintendent

Welcome!

We are thrilled that you are interested in joining the Milan School Family. Our goal at Milan is:

Students will learn and grow everyday and will graduate with a purpose.

Our excellent teaching and support staff join our administrative team in meeting individual student needs so that each student is successful.

Let's Get Started:

- Complete the Transfer Request Form on the next page.
- Return it to Milan Schools via email to: michelle.carpenter@milan.k12.in.us or by dropping it off at one of the school offices.
- The school principal will contact you if additional information is needed.
- Once the form is approved, you will be sent an Initial Enrollment Form to complete and return.
- When Online Registration for the school year opens in July, complete all required forms.

To help us with planning to meet each child's needs, **the deadline to apply for transfer is Friday, June 4, 2021.**

If you have any questions, please call 812-654-2365. We look forward to meeting you!

Milan Community School Corporation

Milan Elementary School Gr. PK-4
Milan Intermediate School Gr. 5-6 &
Milan Middle School Gr. 7-8
Milan High School Gr. 9-12

Cinda Ahlrich, Principal

cinda.ahlrich@milan.k12.in.us

Patrick Murphy, Principal

pat.murphy@milan.k12.in.us

Ryan Langferman, Principal

ryan.langferman@milan.k12.in.us



MILAN COMMUNITY SCHOOLS

412 EAST CARR STREET

MILAN, INDIANA 47031

Tel (812) 654-2365 Fax (812) 654-2441

APPLICATION FOR STUDENT TRANSFER

I, _____ (parent/guardian/custodian),
resident of the _____ School Corporation request that:

Student Name(s)	*Grade	Born	Mo.	Day	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*The grade the student will be entering.

be permitted to enroll in the Milan Community School Corporation. I desire to have my child(ren) enter the Milan Community Schools for the following reason(s):

Address: _____

Phone: _____

Signed: _____ Date: _____
(Parent, Guardian, Custodian)

.....

Yes / No _____ Date: _____
High School Principal

Yes / No _____ Date: _____
Middle School Principal

Yes / No _____ Date: _____
Elementary School Principal

Yes / No _____ Date: _____
Superintendent of Milan Community Schools