



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