

# Clinton Prairie School Corporation

Scott Miller, Superintendent

Heather Lawson, Treasurer

Vicki Bailey, Secretary

## School Year 2022-2023

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2022-2023 Grade Level: \_\_\_\_\_

School Corporation of Residence: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Has this student been suspended or expelled during the twelve months preceding this request to transfer? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the primary reason this student is transferring to Clinton Prairie School Corporation athletics? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Please attach a current attendance report for the 21-22 school year. This can be obtained through Harmony Family access or contacting the elementary or high school offices.

By Initialing the following, you understand it is your responsibility to:

- \_\_\_\_\_ comply with all conditions set forth in the Board of Education Policy Manual and the Student/Parent Handbook for the respective school the child is enrolling.  
\_\_\_\_\_ provide his/her own transportation to and from the school.
- \_\_\_\_\_ pay all textbook rental and associated school fees associated with the student's enrollment.
- \_\_\_\_\_ be able to arrive on time and be picked up immediately following school dismissal or immediately following the conclusion of the school sponsored activity in which the student participates.
- \_\_\_\_\_ provide attendance, discipline, and academic records including special education information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

2390 S County Rd 450 W  
Frankfort, IN 46041

765.659.1339

FAX: 765.659.5305

[www.clintonprairie.com](http://www.clintonprairie.com)