



Dr. David Clendening
Superintendent

Dr. Brooke Worland
Assistant Superintendent

Ms. Tina Gross
Chief Financial Officer

Mr. Matt Sprout
Executive Director of Technology

Mr. Benji Betts
Executive Director of Operations

Intra-District Request Form

School Year: _____

This is a request to attend a school **within** the Franklin Community School Corporation but outside the boundaries of my residence. Intra-District Requests will be considered only if the receiving school has room for enrollment in the grade level being requested.

Parent/Guardian Name: _____ Phone: _____

Address: _____ City and Zip: _____

	Student Name	Grade Level	School of Residence	School Requested
1.				
2.				
3.				
4.				
5.				

Reason for the request to transfer schools:

Submit all requests to:
Franklin Community School Corporation
Attention: Sue Ann Kruger
998 Grizzly Cub Drive
Franklin, IN. 46131
email: krugers@franklinschools.org

Intra-District Requests will be considered only if the receiving school has room for enrollment in the grade level(s) being requested. I understand, should my request be granted, I am responsible for providing transportation for my child(ren) to and from school.

Signature of Parent

Date

Signature of Principal

Date

Signature of Assistant Superintendent

Date

Approved

Denied

(For Office Use Only) Date Received: _____