



Dr. David Clendening
Superintendent

Mrs. Brooke Worland
Assistant Superintendent

Mrs. Tina Gross
Chief Financial Officer

Mr. Matt Sprout
Director of Technology

Mr. Jeff Sewell
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 Transfer 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
Fax: 317-738-5800

Intra-District Transfer 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