

YORKTOWN COMMUNITY SCHOOLS
Application for Transfer of Non-Resident Student
2018-2019 School Year

(PLEASE PRINT)

Student's Name: _____

Parent/Guardian: _____

Home Address: _____

City	State	Zip Code
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Telephone Number: _____ County of Residence: _____

Email: _____

Age: _____ Birth Date: _____ Enrolling Grade Level: _____

School District in which your home is located: _____

School last attended: _____

Do you have other students currently attending YCS? _____

The application will be considered complete upon successful provision of EACH of the following items:

1. Application AND Student Transfer Agreement forms fully completed.
2. Copy of the applicant's (student's) birth certificate.
3. Attendance report for the 2017-2018 school year.

Parent/Guardian Signature

Student Signature

OFFICE USE ONLY

School Official Receiving the Application

Date/Time Application Received