

**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, Student Transfer Agreement, & New Student Registration 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