

Clinton Prairie School Corporation

School Year 2026-2027

Student Name: _____ DOB: _____

2026-2027 Grade Level: _____

School Corporation of Residence: _____

Parent/Guardian Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

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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 25-26 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