

BCSC - Transfer Tuition Agreement Form

We, _____, as non-residents of the Batesville Community School Corporation, wish to have the following student(s) attend the Batesville schools:

Name	Age	Grade	for 20 - 20
Name	Age	Grade	for 20 - 20
Name	Age	Grade	for 20 - 20
Name	Age	Grade	for 20 - 20

Reason for transfer request:

We understand that for the above named student(s) to attend, that a transfer tuition payment will be required. An estimate of the payment is as follows:

BPS	BIS
BMS	BHS

We understand that a formal agreement for the payment of transfer tuition will be drafted by October 1st of the current school year outlining payment terms and any other necessary information as prescribed by local board policy or Indiana laws covering transfer tuition.

If at any time during the time covered by this agreement our residency circumstances change, we will notify the Superintendent's office within three school days.

_____	Phone Numbers(s) (home/work)
Parent/Guardian Signature	

School Corporation of Residence	County of Residence
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Address	Township of Residence
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Date	City, State, Zip
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_____	_____
School Official	Date