

PLYMOUTH COMMUNITY SCHOOL CORPORATION
NON-RESIDENT STUDENT ADMISSIONS – TUITION INCOME

Student's Name _____

Age _____ Grade in School (entering) _____ Birth Date _____

Legal Guardian's Name(s) _____

Address _____

Present School District _____

Home Phone # _____ Work Phone # _____

Legal Guardian Signature _____

Complete an application for each child.

Using the space below and the back of this application please summarize the reason you wish to transfer to Plymouth Community School Corporation. You may also type your response and staple it to this application.

Superintendent _____ Date _____

Principal _____ Date _____

Board Approval Date _____ Date _____

Board Denial Date _____ Date _____