

CLARK COUNTY SCHOOLS
1600 W. LEXINGTON AVE.
WINCHESTER, KENTUCKY 40391
Office of the Superintendent

Phone: 859-744-4545

Fax: 859-745-3935

Non-Resident Intent Form _____

This side of form is to be completed by the Superintendent's Office
of the school district where the student resides.

PLEASE RETURN THIS FORM TO CLARK COUNTY SCHOOLS
AS SOON AS POSSIBLE

TO: Director of Pupil Personnel, Clark County School District

FROM: _____, Superintendent

_____ School District

DATE: _____

RE: RELEASE OF ADA FUNDS

_____, a resident of the

_____ School District, desires to enroll in the Clark County
Schools as a non-resident student for the _____ school year. The _____
County Board of Education will release ADA funds for _____ to the Clark Co.
Schools for the above named student.

INTENT TO ENTER CONTRACT

The _____ Schools

will agree to enter into a contract with the Clark County Schools for the

education of this student for the _____ school year.

Superintendent

Date

This side of form to be completed by Parent or Guardian

PLEASE RETURN THIS COMPLETED FORM TO THE BOARD OF EDUCATION OFFICE IN THE COUNTY THAT YOUR CHILD RESIDES IN AS SOON AS POSSIBLE.

Full Legal Name of Student _____

Social Security Number _____

Grade Level of Student _____

School Student will be attending _____

Last School Attended _____

Reason for Request _____

Did Student have Academic, Attendance or Behavior Problems? Explain:

Name of Parent or Guardian _____

Address _____

Telephone _____

Signature of Parent or Guardian _____

In the event that a non-resident student does not meet the attendance, behavioral, and/or academic standards and expectations of the Clark Co. Schools, the non-resident status will be cancelled and the student's name will be removed from the school rolls.