



Dr. David Clendening
Superintendent

Dr. Brooke Worland
Assistant Superintendent

Mr. Steve Ahaus
Chief Financial Officer

Mr. Doug Kirby
Executive Director of Technology

Mr. Benji Betts
Executive Director of Operations

Virtual School
30-Day Transfer Request
Semester/Year: _____

This is a request to transfer into or out of Franklin Community Virtual School during the first 30 calendar days of a semester. Requests after the first 30 calendar days will not be accepted. Please submit separate requests for multiple students.

Fall 2026 Deadline: September 5, 2026
Spring 2027 Deadline: February 6, 2027

Parent/Guardian Name: _____ Phone: _____

Address: _____ City and Zip: _____

Student Name	Grade Level	Current School	School Requested

If requesting a move to FCVS: Has your child participated in virtual schooling before, if so, where?

Please provide reasoning for a mid-semester transfer:

Submit all requests to:
Franklin Community School Corporation
Attention: Sue Ann Kruger
998 Grizzly Cub Drive
Franklin, IN. 46131
email: krugers@franklinschools.org

Requests to move To FCVS should be submitted alongside a Signed Parent and Student Contract located on our school website <https://franklinschools.org/virtual>. (Documents)

Signature of Parent

Date

Signature of Principal

Date

Signature of Assistant Superintendent

Date

Approved

Denied

(For Office Use Only) Date Received: _____