

Signature of Parent

Signature of Principal

Signature of Assistant Superintendent

Dr. David Clendening Superintendent

Dr. Brooke Worland Assistant Superintendent

Ms. Tina Jobe Chief Finandal Officer

Mr. Matt Sprout Executive Director of Technology

Mr. Benji Betts Executive Director of Operations

Virtual School 30-Day Transfer Request

	Semester/ Yea	ır:		
This is a request to transfer into or out of a semester. Requests after the first 30 c. Please submit separate requests for mul	alendar days wil		during the first 30 calendar day	ys of
		: September 6, 2025 ne: January 20, 2026		
Parent/Guardian Name:	Phone:			
Address:	City and Zip:			
Student Name	Grade Level	Current School	School Requested	
If requesting a move to FCVS: Has you Please provide reasoning for a mid-sem		ted in virtual schooling	before, if so, where?	
Attention: Sue Ann	Kruger – email:	quests to: chool Corporation krugers@franklinscho Franklin, IN 46131	ols.org	
Requests to move To FC		•	•	
and Student C	ontract locate	d on our school we	bsite	
https://frank	linschools.org	<u>/virtual.</u> (Documen	<u>ts)</u>	

For Office Use Only: Date Rcvd: ____

Date

Date

Date

Approved or Denied