New Castle Community School Corporation 322 Elliott Avenue New Castle, IN 47362 (765) 521-7201

NON-RESIDENT TRANSFER TUITION APPLICATION 2024 - 2025 School Year

Name of Student	:	Grade:	
School Requested	d:		
Home School: _			
Parent/Guardian:			
Address:			
Phone:			
	(Home)	(Work)	
school corpor	ation.		
		Parent or Guardian	
		Date	
The above applic	eation is (approved) (denied).		
		Matthew Shoemaker, Superintendent	
		Date	