



APPLICATION FOR STUDENT INTRADISTRICT TRANSFER

Student Information

To be completed by parent/guardian – Please use a separate form for each student.

Student's Last Name	Student's First Name	Middle Initial	Student's Date of Birth	Student's Gender	Female Male
Address		Apt. No.	City		Zip Code
Parent/Guardian Email Address			Home Phone Number	Work Phone Number	

Transfer requested for school year: _____ Student's current grade level: _____

Is your child enrolled in an exceptional education needs program? Yes No

Is your child enrolled in a bilingual/limited English proficiency program? Yes No

We/I request that the above named student, now attending _____
(school attending)

and living at the above stated address be permitted to transfer to _____
(school requested)

Our/my child's regular attendance area is _____
("home" school)

We/I am requesting the transfer for the following reason (please attach an additional page, if needed):

If the above request is granted, we/I, as parent or guardian, agree to provide transportation and understand that habitual absences, tardiness, unsatisfactory conduct or falsification of information on this request is cause for revocation of the assignment.

Signature of parent/guardian: _____ Date: _____

Return to: Office of the Superintendent, 4333 S. Sunny Slope Road, New Berlin, WI 53151

PLEASE NOTE: Parents of transferred elementary students must reapply prior to middle school registration/scheduling if you wish your child attend the secondary school other than that in which boundaries you reside. Submission of application does not guarantee placement.

For Office Use Only:

Date iForm Submitted in L4L: _____ Transfer Approved: Transfer Denied:

Notified: Parent/Guardian Res Sch: Transf Sch: Registrar IC

Remarks: _____

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