

Kenosha Unified School District

PARENT INITIATED SCHOOL TRANSFER REQUEST

SUBMIT SCHOOL TRANSFER REQUESTS

GRADES 1 – 12: JANUARY 1<sup>st</sup> THROUGH JANUARY 21<sup>st</sup> FOR THE NEXT SCHOOL YEAR
4K and KINDERGARTEN ONLY: ACCEPTED THROUGH MAY 1<sup>st</sup> OF EACH YEAR.

PLEASE RETURN THIS FORM TO YOUR CHILD'S CURRENT SCHOOL

Transfer requests to attend a school outside of your attendance area will be considered based on available space and socioeconomic balance. All repeat transfers are subject to review on an annual basis prior to June 1<sup>st</sup> of each year by the principal. Please read Board Policy 5330 for more information.

Student Name: I.D. Number

Grade Next Year Phone: Birth Date:

Home address: Zip Code:

Current School: Attendance Area School:

Request to be transferred to:

Parent/ Guardian:

Signature

Print Name

Date

Approved:

Yes

No

Sending School Principal

Date

This Student Qualifies for Free and Reduced Lunch .....

Yes

No

Approved:

Yes

No

Receiving School Principal

Date