

**You do not need to complete this paperwork again if your child has previously been approved for a parent/guardian initiated transfer.**

**ELEMENTARY SCHOOL TRANSFER REQUEST FORM**  
**2024-2025 School Year**

Student Name: \_\_\_\_\_

Assigned School Attendance Area: \_\_\_\_\_

Requested School Attendance Area: \_\_\_\_\_

Grade Level 2024-2025 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ E-mail (Home) \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_ E-mail (Cell) \_\_\_\_\_

**Siblings Name**

**Grade 2024-2025**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting a transfer for any other children in the family? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please attach a separate request for each.

Reason for the transfer request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand this request must be returned by March 15, 2024 and if a transfer is approved my child will remain in this newly assigned school until completion of the highest grade in this building.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Please return to [juliegengler@waunakee.k12.wi.us](mailto:juliegengler@waunakee.k12.wi.us) , Registrar  
905 Bethel Circle Waunakee, WI 53597

