

KSD ELEMENTARY INTRA-DISTRICT TRANSFER REQUEST

This form is to be completed by the parent/guardian and submitted to the principal of the school to which the student was assigned. Complete a separate form for each child.

Parent/Guardian Name

Address

Phone Number

Email Address

Student's Name

Current Grade

School Currently Attending

Assigned School <i>(select one)</i>	Kewaskum Elementary	Farmington Elementary	Requested School <i>(select one)</i>	Kewaskum Elementary	Farmington Elementary
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Effective with the	20	-20	School Year	Grade
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The transfer of students within the school district, but outside their own assigned area may be allowed under the following conditions:

1. The class the student enters in the new school must have room available. Any intra-district transfer student will be the first to be removed and transferred if the class size should exceed established limits during the year and a class reduction is deemed necessary. Additional class sections will not be formed as a result of transfer students.
2. The parent/guardian of each applicant must file their request for an intra-district transfer using the Elementary Intra-District Transfer Request form in the office of their assigned elementary school..
3. Transportation to attend a school outside of the assigned area is the responsibility of the parent/guardian.
4. If there are more requests than seats, students will be selected based on the following guidelines
 - a. The student currently attends the school requested.
 - b. The student previously attended the school requested.
 - c. The student has siblings who currently attend the school requested.
 - d. The date the completed application is received.
 - e. In the case of ties, by lottery.
5. Approved transfers are for the duration of the elementary grades (except 4K) unless enrollments cause overcrowding resulting in the need to hire an additional teacher or redistricting occurs.

Reasons for Transfer Request

Please print, sign and date this form, and return to your assigned school.

Parent/Guardian Signature

Date

Office Use
Principal Recommendation *(circle one)*

Assigned School: KES / FES Approve Deny	Requested School: KES / FES Approve Deny
Principal Signature	Principal Signature

District Administrator Recommendation *(circle one)*

Comment	Approve Deny
District Administrator Signature	

Date and time this completed form was received in the office _____