

Request to Remain K-4th Grade**Date:** _____

West Bend School District, Superintendent's Office:

I am requesting that my child(ren) continue to attend _____ Elementary as we have moved or will be moving and our new address* will be in the attendance area of _____ Elementary.

I understand that I am responsible for transportation and the importance that my child(ren) arrive on time and are also picked up promptly at the end of the school day.

Child(ren) Name(s) and Grade(s):

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parent Name(s): Parent Signature:

New Address:

Move In Date:

Parent Phone Number and Email Address:

Current School Principal Signature and Date of Approval to Remain:

Signature: _____ Date: _____

Change of address form must be completed and proof of residency provided to update address.
<https://west-bend.k12.wi.us/District/14834-Untitled.html>
Contact Registrar for assistance 262-306-2612

**PLEASE RETURN THIS FORM TO YOUR CURRENT SCHOOL MAIN OFFICE FOR PRINCIPAL APPROVAL
CC: Registrar, Current School, New Attendance Area School**