

Grade K- 4 Boundary Exemption Request

2026-2027 School Year

Mail completed form to:
Neenah Joint School District
Attn: Jackie Muñoz-Ellmann Assistant District Administrator of Leadership and Engagement
410 South Commercial Street
Neenah, WI 54956

			Check if child is enrolled in:	
Last Name (please print)	First Name (please print)	Student Grade in 2026-2027	Special Education	EL Bilingual

Assigned school: _____

Present address is: _____

School requested: _____

Reason for Request – complete 1 or 2 below.

1. We have moved, and want our child(ren) to continue to attend this school.

_____ We have already moved _____ We will be moving on _____ (date)

OLD address _____

NEW address _____

2. We are requesting permission to enroll in this school because:

Please complete the other side and mail to the address listed above

Parent/Guardian

- I understand that this is simply an application and I will be notified in writing when this application is approved or denied.
- I understand I will provide transportation to an out-of-attendance area school.
- I understand that the transportation that I provide should not result in excessive absences, tardiness, early arrivals, or late pick-ups. If transportation becomes a problem the decision may be reviewed. The elementary school day begins at 8:15 a.m. The school day ends at 3:00 p.m.
- I understand that behavioral problems, transportation, attendance or other problems at the out-of-attendance area school could result in a review of the decision.
- I understand boundary exemption requests can be revoked at the conclusion of a school year to manage District enrollment.

Date: _____ Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PLEASE DO NOT WRITE BELOW THIS LINE (For district use only)

The Neenah Joint School District does not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, emotional or learning disabilities or handicap in its education program or activities.

Requested School Attendance Principal(s) Signature:	Current Status: ☐ In District Transfer ☐ Parent Request
Decision of Review Team: ☐ Approved ☐ Denied	Date:
Comments:	