School District of Holmen

Elementary School Attendance Boundary

Within District School Choice Request

Received Date:

Initials:_____

Deadline to submit this form: 4:00 P.M. **April 1st**
Please refer to Policy 5120 for more information.

SECTION I: Demographics

Student Name: _____
Last First Middle Initial

Current School of Attendance: ☐ Evergreen ☐ Sand Lake ☐ Prairie View ☐ Viking

School Requested: ☐ Evergreen ☐ Sand Lake ☐ Prairie View ☐ Viking Current Grade: _____

If this request is based on 4K daycare, does your student plan to attend kindergarten in their home boundary school?

Parent/Guardian Name(s): _____

Current Primary Address: _____
Address City State Zip

Phone 1: _____ Email Address 1: _____

Phone 2: _____ Email Address 2: _____

SECTION II: General Information

1. Within District School Choice Request form must be submitted by April 1st.
2. A separate request must be submitted for each child.
3. Parents/guardian(s) will be notified by mail of approval or rejection of their request by April 9th.

SECTION III: Purpose of Request

Requests will be evaluated based on the benefit to student learning, space available, and grade requested. Please describe how your child's learning will benefit from approval of this request.

SECTION IV: Signature and Determination

Parent/Guardian Signature: _____ Date: _____

Completed forms should be sent to:
STUDENT SERVICES
Atten: Elementary Attendance Boundaries
1019 McHugh Rd, Holmen WI 54636-0580

If you have any questions, call:
Student Services Office at: 608-526-1309
FAX: 608-526-1333

To be completed by Student Services Office:

Determination Signature: _____ Date: _____

☐ Approved ☐ Denied

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