

STUDENT TRANSFER AGREEMENT

STUDENT NAME _____ DATE _____

ADDRESS _____

I request that my child be transferred from _____ School
(school of attendance)

to _____ School for the 2026-2027 school year.
(school of choice)

Why are you requesting a school out of your attendance area?

Student Transfer Agreements are reviewed by administration and may be approved or denied. I understand that this transfer, if approved, may be temporary and my child may have to return to the school in our attendance area if overcrowding or other factors influencing the education program or student well-being makes the transfer no longer feasible. I also understand that I may not receive transportation through the Tomah School District if this transfer is approved.

Please mail or drop off completed agreement to:
Tomah Area School District Office
Attn: Kelli Janusheske
129 W. Clifton Street
Tomah, WI 54660

For District Use Only:
Date Received: _____
Time: _____
Received by: _____
2026-2027 Grade: _____

Parent Signature