

SCHOOL DISTRICT OF NEW LONDON

RESIDENT Request to Attend an Out-of-Attendance Area School

Mail or deliver this request to:

School District of New London

901 West Washington Street

New London, WI 54961

School Year Applying For:		
Student's Full Name: <i>(A separate form must be completed for each student.)</i>		Grade:
Address:	City:	Zip Code:
	WI	
Our Address is in the following attendance area (please check one): <input type="checkbox"/> Sugar Bush <input type="checkbox"/> Lincoln <input type="checkbox"/> Readfield <input type="checkbox"/> Parkview		
Name of School Requested:		
The reasons for this request - fill in 1 or 2 below:		
1. We have moved and want our child to continue to attend this school.		
<input type="checkbox"/> I have already moved <input type="checkbox"/> I 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 Action

- I understand approvals are granted for one year at a time.
- I understand that final approval will not be granted until after August 15.

Date: _____

Parent/Guardian Signature

Home Phone: _____

Work Phone: _____

Principal Action

Approved.

Denied. Reason(s) for denial (required):

- The school requested is operating over capacity (too crowded) - guidelines not met.
- Transportation problems have caused excessive absence, tardiness, early arrival, or late pick-up.
- The educational program will be adversely affected.
- This request meets the Board policy at this time. However, the operational capacity of the building, and class sizes will be reviewed annually. Parents will be notified in writing by the building principal after August 15 if their child will be required to transfer to the home attendance area school for the next school year.

Dated: _____

Principal

Dated: _____

District Administrator