SCHOOL DISTRICT OF NEW LONDON

K-4th GRADE 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: (*A separate form must be completed for each student.*)		**Grade:**
Address:	**City:** **WI**	**Zip Code:**
Our Address is in the following attendance area *(please check one):* ❑ Sugar Bush ❑ Lincoln ❑ Readfield ❑ 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.** ❑ I have already moved ❑ 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.

Exhibit 2 to Policy/Procedure 433.1
Approved: March 11, 2003
Revised: March 14, 2005; March 10, 2008; March 11, 2013

Parent/Guardian Action

- **I understand approval of this request will continue throughout my child's elementary school years; another form will not be need to be completed.**
- **I understand that final approval will be granted by August 1.**

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 before 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