**SCHOOL DISTRICT OF NEW LONDON**

**4K – 4th Grade RESIDENT**

Elementary 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

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### School Year Applying For:

### Student’s Full Name: *(A separate form must be completed for each student.)*

### Grade for upcoming school year:
- [ ] 4K
- [ ] 5K
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4

### Address:  
### City:  
### 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:**

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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**Please complete the other side and mail to the address listed above.**
Parent/Guardian Action

- **4-K Students:**
  - ✓ I understand approval for 4K students are granted for one year only.
  - ✓ I understand that if I wish to enroll my child at an out-of-attendance school for 5K, I will have to complete a new form.
  - I understand that for Grades 5K-4, approval of this request will continue throughout my child’s elementary school years; another form will not need to be completed.
  - I understand that final approval will be granted by August 1.
  - I understand that I am responsible for transporting my child to and from the school outside the regular attendance area.

Date: ____________________________  ____________________________  Parent/Guardian Signature

Home Phone: ____________________________  Work Phone: ____________________________

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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 1 if their child will be required to transfer to the home attendance area school for the next year.

Dated: ____________________________  ____________________________  Principal

Dated: ____________________________  ____________________________  District Administrator