

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

Applications must be submitted in writing by July 1 on appropriate district forms and be received in the District Office for final approval/disapproval. Applications received after July 1 may still be considered.

School Year Applying For:		
Student's Full Name: <i>(A separate form must be completed for each student.)</i>		Grade for upcoming school year: <input type="checkbox"/> 4K <input type="checkbox"/> 5K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Address:	City: WI	Zip Code:
Our Address is in the following attendance area <i>(please check one)</i>: <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: _____ _____ _____		

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: _____

Printed Parent/Guardian Name

Signature of Parent/Guardian

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

Date: _____

Principal

Date: _____

Principal

Date: _____

District Administrator