

Kenosha Unified School District No. 1

PARENT INITIATED SCHOOL TRANSFER REQUEST

SUBMIT SCHOOL TRANSFER REQUESTS
JANUARY 1ST THROUGH JANUARY 23RD FOR THE NEXT SCHOOL YEAR

PLEASE RETURN TO YOUR CHILD'S CURRENT SCHOOL

Transfer request to attend a school outside of your attendance area will be considered based on available space and socioeconomic balance. All repeat transfers are subject to review on an annual basis prior to June 1st of each year by the principal.

Student Name: _____ I.D. Number _____

Grade Next Year _____ Phone: _____ Birth Date: _____

Home Address: _____ Zip Code: _____

Current School : _____ Attendance Area School: _____

Request to be Transferred to: _____

Parent/ Guardian: _____ Signature _____ Print Name _____ Date _____

Sending School Principal _____ Date

Approved:
[] Yes [] No

This Student Qualifies for Free or Reduced Lunch

[] Yes [] No

Receiving School Principal _____ Date

Approved:
[] Yes [] No