

Kenosha Unified School District

PARENT INITIATED SCHOOL TRANSFER REQUEST

SUBMIT SCHOOL TRANSFER REQUESTS

GRADES 1 – 12: JANUARY 1ST THROUGH JANUARY 21ST FOR THE NEXT SCHOOL YEAR. PRE-KINDERGARTEN AND KINDERGARTEN ONLY: ACCEPTED THROUGH MAY 1ST OF EACH 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 and Reduced Lunch Yes No

Receiving School Principal Date
Approved: Yes No