

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
4K and KINDERGARTEN ONLY: ACCEPTED THROUGH MAY 1st OF EACH YEAR.

PLEASE RETURN THIS FORM TO YOUR CHILD'S CURRENT SCHOOL

Transfer requests 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. Please read Board Policy 5330 for more information.

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

Approved:

Yes

No

Sending School Principal

Date

This Student Qualifies for Free and Reduced Lunch

Yes

No

Approved:

Yes

No

Receiving School Principal

Date