MUSKEGO-NORWAY SCHOOL DISTRICT
APPLICATION FOR INTRA-DISTRICT STUDENT TRANSFER

(Please complete one form for each student.)

Student Name: ____________________________ Date: __________

Current Grade: __________ Entering Grade: __________ For School Year: __________

Parent(s)/Legal Guardian(s) Name: __________________________

Home Address: ____________________________ Daytime Phone: (____) ______

_______________________________ Cell Phone: (____) ______

_______________________________ Evening Phone: (____) ______

Is your student currently receiving Special Education Services?  Yes    No

Student is currently attending: ____________________________ School

Student has a sibling already attending requested school.  Yes    No

Student Resident School is: ____________________________ School.

I am Requesting an Intra-District Transfer to:

Primary Request: ____________________________ School.

Secondary Request ____________________________ School, OR,

☐  Any Other School will be acceptable.

Reason for Request (please check/complete all that apply):

☐  We are moving to another school attendance area within the Muskego-Norway School District.
   Our new address will be: ____________________________

☐  Our childcare provider is located in the ____________________________ School attendance area:
   • Name, address, phone number of childcare provider:
   ____________________________
   ____________________________
   ____________________________

☐  Other, please explain: ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
I understand that:

- If this application is approved, I will be responsible for transportation of my child between my home and the school each day.

- If my childcare provider is located within my child’s school attendance area, and I desire transportation of my child between the school and my childcare provider each day, I will make the necessary arrangements through the school office.

- Transportation of special education students is determined by the student’s Individualized Education Plan.

- If approved, this authorization for intra-district transfer will be in effect for the duration of the years that my child will be at the school for which the intra-district transfer is initially accepted. For example, at the elementary level, a new “Application for Intra-District Student Transfer” form must be filled out only when my child is entering middle school, should I wish to make this request. This form does NOT need to be filled out annually.

- The district will make every effort to accommodate my request; however, specific school enrollment is not guaranteed.

I agree to the above terms.

Signature of Parent or Legal Guardian _______________________________ Date _______________________________

The application deadline for the upcoming school year is April 30th.

You may fax or mail your completed applications to:

Jeff Petersen
Assistant Superintendent for Continuous Improvement
Muskego-Norway School District
Educational Services Center
S87 W18763 Woods Road
Muskego, WI  53150

Fax No.:  262.679.5790

(Rev.10/15/15)