

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