



Intradistrict Transfer Request

2011-2012 School Year

Elementary/Middle School (Grades JK-8)

Student Name		Date of Birth	
Street Address		City	Zip Code
Home Phone		Parent Work Phone	
Parent Name		Parent Contact Info	
Current School and Grade			2011-2012 Grade
Is student receiving special education services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student receiving English as a Second Language services (ESL)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student participating in Chapter 220 or Open Enrollment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your home attendance area school?			
Requesting transfer to?			
Reason for Request?	<input type="checkbox"/> Family moved/will be moving to a different school attendance area in Wauwatosa.		
	<input type="checkbox"/> Other (Please explain)		

_____/_____/_____
Parent or Guardian Signature **Date**
 Please do not write below this line.

Director of Student Services Disposition	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny <input type="checkbox"/> Hold
IEP Review Date (If applicable)	ESL Review Date (If applicable)
Director of Student Services Signature	Date