



# Intradistrict Transfer Request

2021-2022 School Year

(one student per form)

Expires: \_\_\_\_\_

<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School
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<b>Student Name</b> _____	<b>Date of Birth</b> _____
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<b>Street Address</b> _____	<b>City</b> _____	<b>Zip Code</b> _____
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<b>Home Phone</b> _____	<b>Parent Name</b> _____	<b>Parent Phone</b> _____
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<b>Current School and Grade</b> _____	<b>2021-2022 Grade</b> _____
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**Is student receiving special education services?**  Yes  No

**Is student receiving English as a Second Language services (ESL)?**  Yes  No

**Is student participating in Chapter 220 or Open Enrollment?**  Yes  No

**What is your home attendance area school?** \_\_\_\_\_

**Requesting transfer to?** \_\_\_\_\_

**Reason for Request?**

Family moved/will be moving to a different school attendance area in Wauwatosa.

Other (Please explain)

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**FOR HIGH SCHOOL TRANSFERS ONLY – East High School Sibling Request ONLY (School Board Policy #5120)**

I request that my child attend East High School through the sibling grandfather provision.  
 Below are siblings who attended *East High School on or before April, 1997.*

Name	Date of Birth	Years Attended
		19____ to 19____
		19____ to 19____
		19____ to 19____

If this request is granted, I understand that habitual absence, tardiness, unsatisfactory conduct or falsification of information on this request is cause for revocation of the assignment.

I understand that if approved, transfer applies only to the student listed on this form. Younger siblings are not included with this request or any approval. I understand that approval of this transfer may affect high school athletic eligibility. Athletic eligibility for student in grades 9-12 who transfer during the year will have their eligibility determined in accordance with WIAA conference and district practices. Families should be aware that such transfers may result in ineligibility for the current or next athletic season.

Parent/Guardian Signature	Date	Student Signature	Date

Please do not write below this line.  
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<b>Director of Student Services Disposition</b>		
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Hold

<b>IEP Review Date (If applicable)</b> _____	<b>ESL Review Date (If applicable)</b> _____
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<b>Director of Student Services Signature</b> _____	<b>Date</b> _____
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