

Kenosha Unified School District

PARENT INITIATED SCHOOL TRANSFER REQUEST

SUBMIT SCHOOL TRANSFER REQUESTS
JANUARY 1ST THROUGH JANUARY 21ST FOR THE NEXT SCHOOL YEAR

PLEASE RETURN TO YOUR CHILD'S CURRENT SCHOOL

Transfer request 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.

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

Sending School Principal Date Approved: Yes No

This Student Qualifies for Free and reduced Lunch Yes No

Receiving School Principal Date Approved: Yes No