



BURLINGTON AREA SCHOOL DISTRICT

"A community of learners committed to continuous improvement through a culture of dialogue and reflection"

Cooper Elementary School
249 Conkey Street
Burlington, WI 53105
262.763.0180
262.763.5384 FAX

Mrs. Christine Anderson
Cooper Principal
In-District Transfer Coordinator

IN-DISTRICT TRANSFER REQUEST

Parent requests must be returned to Cooper Elementary School. Please fill out one form per student.

STUDENT'S LAST NAME: _____ FIRST NAME: _____

TODAY'S DATE: _____ DATE OF BIRTH: _____ MALE _____ FEMALE _____

GRADE FOR UPCOMING SCHOOL YEAR: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CONTACT PHONE NUMBERS: DAYTIME _____ EVENING _____

NEIGHBORHOOD SCHOOL: (Please Circle) Cooper Lyons Waller Winkler

We are requesting a transfer to (Please Circle) Cooper Lyons Waller Winkler
for the upcoming school year for the following reason: _____

Are there other siblings who are also requesting a transfer (please list student names)?

Sibling's Name: _____ Grade Entering for New School Year (Please Circle): K 1 2 3 4

Sibling's Name: _____ Grade Entering for New School Year (Please Circle): K 1 2 3 4

Please list additional siblings on the backside of this form.

Requests will be honored on a first come, first serve basis and will be granted based upon space availability in classrooms. Whenever possible, an effort will be made to keep siblings together. Bus transportation may or may not be provided depending upon the number of students assigned to those buses.

PLEASE NOTE THAT YOUR REQUEST MAY NOT BE APPROVED OR DENIED UNTIL AFTER OUR FALL REGISTRATION. YOU WILL BE CONTACTED AS SOON AS POSSIBLE. THANK YOU.

Office Use Only	
Date Received	
Time Received	
Staff Initials	
Date Approved or Denied	