



BURLINGTON AREA SCHOOL DISTRICT

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

100 North Kane Street
Burlington WI 53105
(262) 763-0210
(262) 763-0215 FAX

Peter Smet, Superintendent
Connie Zinnen, Assistant Superintendent
Ruth Schenning, Business Manager

IN-DISTRICT TRANSFER REQUEST

Parent requests may be returned to a school office or to the District Office. 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: _____

CURRENT NEIGHBORHOOD SCHOOL: (Please Circle) COOPER LYONS WALLER WINKLER

WE ARE REQUESTING A TRANSFER TO: (Please Circle) COOPER LYONS WALLER WINKLER

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): 4K 5K 1 2 3 4

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Sibling's Name: _____ Grade Entering for New School Year (Please Circle): 4K 5K 1 2 3 4

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 ALL YOUR REQUESTS 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 Initial | |
| Date Approved / Denied | |