



# 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

Dr. Stephen Plank, 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	