MENASHA JOINT SCHOOL DISTRICT
INTRA DISTRICT ATTENDANCE AREA TRANSFER FORM

INSTRUCTIONS: Submit completed form to the Menasha Joint School District Enrollment Office, 100 Main St., Menasha, WI 54952.

TRANSPORTATION: Parents who apply for Intra District Attendance Area Transfer are responsible for transporting their children to and from school.

REVOCATION: Intra District Attendance Area Transfers may be revoked for habitual truancy and/or behavior. When the school building or grade level reaches capacity, the District reserves the right to return the student to the school in his/her attendance area at the end of the current school year.

Fill out all information completely and accurately. Missing or inaccurate data may delay processing or result in errors relating to acceptance/denial. Deliberately providing false information may be grounds for denial of the application or revocation of such decision.

To be completed by the parent or legal guardian. Please complete one form for each student.

Student Last Name	**First Name**	**Middle Initial**	**Current Grade Level**
Address (Street/Apt., City, Zip)			**Telephone Number**
School student is applying to attend in order of preference (non-attendance area)			**School in which the student resides (attendance area)**
1			
2			☐ applying for the current year 20 ___
3			☐ applying for **next** school year 20 ___

Yes No

1. ☐ ☐ Are any sibling(s) of the applicant also applying to attend the non-attendance area school?
   Name(s) _____

2. ☐ ☐ Is applicant a sibling of a student currently approved to attend the non-attendance area school?
   Name(s) _____

3. ☐ ☐ Does applying student receive special education services?

4. ☐ ☐ Have you recently moved to an address outside the boundaries of your current attendance area school?

5. Reason for Request _____

_____

Signature of Parent/Guardian	Parent/Guardian Name (Print)	Date Signed

FOR OFFICE USE ONLY	
Call date _____ or letter sent date _____ _____ Added to Spreadsheet _____ Flag Added _____ AAT tab entered _____ School changed (if needed)	The above request is APPROVED / DENIED for (circle one) THRU 5TH GRADE PRESENT YEAR ONLY _____ *District Administrator* *Date*

Revised 11/18