

# 4K- Grade 5 Boundary Exemption Request

## 2018-2019 School Year

Mail completed form to:  
Neenah Joint School District  
Attn: Asst. District Administrator of  
Learning and Leadership  
410 South Commercial Street  
Neenah WI 54956

			Check if child is enrolled in:	
Last Name (please print)	First Name (please print)	Student Grade in 2018-19	Special Education	ELL Bilingual

Assigned school: \_\_\_\_\_

Present address is: \_\_\_\_\_

School requested: \_\_\_\_\_

Complete only if your child is in 4K. Indicate your preference \_\_\_\_\_ AM \_\_\_\_\_ PM

### Reason for Request – complete 1 or 2 below.

1. We have moved, and want our child(ren) to continue to attend this school.

\_\_\_\_ We have already moved \_\_\_\_\_ We will be moving on \_\_\_\_\_ (date)

OLD address \_\_\_\_\_

NEW address \_\_\_\_\_

2. We are requesting permission to enroll in this school because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the other side and mail to the address listed above**

**Parent/Guardian**

- I understand that this is simply an application and I will be notified in writing when this application is approved or denied.
- I understand I will provide transportation to an out-of-attendance area school.
- I understand that the transportation that I provide should not result in excessive absences, tardiness, early arrivals, or late pick-ups. If transportation becomes a problem the decision may be reviewed. The elementary school day begins at 8:15 a.m.
- I understand that behavioral problems, transportation, attendance or other problems at the out-of-attendance area school could result in a review of the decision.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE (For district use only)**

The Neenah Joint School District does not discriminate against pupils on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, emotional or learning disabilities or handicap in its education program or activities.

<b>Requested School Attendance Principal(s) Signature:</b>  	<b>Current Status:</b> <input type="checkbox"/> In District Transfer <input type="checkbox"/> Parent Request
<b>Decision of Review Team:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Date:</b>  
<b>Comments:</b>    	