Intra-District Transfer Form for 2018-2019

Preference Window: January 2, 2018 – February 2, 2018
Additional Window: February 5, 2018 - April 30, 2018

Green Bay Area Public School District

INSTRUCTIONS:
- To be completed by the parent, legal guardian or student (if 18 or older).
- Please complete one form for each student.
- 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 data may be grounds for denial of the application.
- Submit completed form to the Green Bay Area Public School District, Central Registration, Room 116, 200 S Broadway, Green Bay, WI 54303. Central Registration Hours: Monday through Friday 7:00 a.m. to 5:00 p.m.
- Intra-District Applications for 5-year-old kindergarten through 12th grade will not be accepted after 4:00 p.m. on Friday April 30th, 2018. 4K applications are accepted all year.
- If your child isn't a current Green Bay Area Public School student, please complete an Enrollment Form and provide birth certificate and proof of residency with this application.

TRANSPORTATION: Parents are responsible for providing transportation to and from school for Intra-District Transfer Students.

REVOCATION: Intra-District Transfers may be revoked for habitual truancy and/or behavior.

DECISIONS: Parents will be informed by U.S. Mail of the decision by:
- End of April 2018 for requests submitted during the Preference Window
- End of June 2018 for requests submitted during the Additional Window. (We do not maintain waitlists for Kindergarten – 12th grades after this date. 4K may maintain some waitlists at some sites.)

_____ _____ ____ _____/_____/_____
Student Last Name **Student First Name** **MI** **Date of Birth: mm/dd/yyyy**

_____ (_____)_____-_____
Address (Street, Apt, City, State, Zip) **Daytime Telephone Number**

_____ _____
Home Attendance Area School **Grade Applying for:**
(School where the student resides) If 4K circle one:
AM / PM / No Preference

School(s) the student is applying to attend. You may choose up to 3 schools. List in preference order. *Note: If you receive your 1st choice, additional requests will not be considered. If you receive your 2nd choice, the 3rd request will not be considered.*

1) _____ 2) _____ 3) _____

If student is applying to the non-attendance area school for a specific program, give name of program: _____
(i.e.: Int'l Baccalaureate; Fine Arts; Two-Way Bilingual; Nature Based 4K, etc.)

Yes No

☐ ☐ Are any siblings of this student also **applying to attend** the same non-attendance area school?
Sibling's Name(s) _____

☐ ☐ Are any siblings of this student **currently approved to attend** the same non-attendance area school?
Sibling's Name(s) _____

☐ ☐ Does the student receive special education services?

☐ ☐ Does the student have an individualized education program (IEP)? If yes, which program? _____

☐ ☐ Does the student need or receive English as a Second Language (ESL), bilingual services or English Language Learner (ELL) services?

_____ _____ _____
Signature of Parent/Guardian or Student (if 18 or older) Parent/Guardian Name (Please Print) Date Signed

For District Office use: Received by: _____ **Date:** _____ **Student ID:** _____

Rec'd: EF BC POR Imm Rec **Sent/Scanned to:** 4k Secr 4K Coordinator IDT Coordinator