



# **Pulaski Community School District**

## **K-5 Intra-District Elementary Transfer Application**

### **School Year: \_\_\_\_\_**

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School attendance areas are designed for every residence located within the District's boundaries. Students are assigned to schools based on the attendance area in which their parent(s) and/or legal guardian resides. All our schools provide equal educational opportunities for students in the communities they serve.

The District acknowledges that unique circumstances may at times result in a request from a parent or guardian that a child be considered for enrollment in a school outside of their designated attendance area. The appropriateness of program and review of educational and behavioral records may be considered in rendering a decision regarding a request for a change in attendance. All transfers will be subject to any applicable enrollment caps and availability of space and resources at the school.

***Students who have moved out of a school's attendance area during the school year and wish to continue to attend their current school for the remainder of the school year should fill out the "Family Move Notification Form" within two weeks of their move and apply for an intra-district elementary transfer during the application window for the following school year.***

Requests for elementary school transfers within the Pulaski Community School District are accepted beginning February 1 for the upcoming school year. Submit requests to Dana Thibodeau (dmthibodeau@pulaskischools.org) at the District Office, 143 West Green Bay St, PO Box 36, Pulaski, WI 54162. Contact the Superintendent's office at 920-822-6001 if you have any questions. Application are available in school offices or online at <https://www.pulaskischools.org/about/transfer-elementary>

#### **Application Window: February 1 – March 15**

- Applications received during this window will be considered prior to the Open Enrollment Process (requests from outside the PCSD).
- Notification of acceptance or denial will be made by U.S. Mail no later than April 15<sup>th</sup>.

#### **Additional Window: March 15 – May 1**

- Applications received during this window will be considered at the same time as the Open Enrollment applications (requests from outside the PCSD).
- Notification of acceptance or denial will be made by U.S. Mail by the end of June

#### **Applications Received after May 1**

- Applications received after May 1<sup>st</sup> will be considered after August registration.
- Notification of acceptance or denial will be made by U.S. Mail by the end of August.

Please see IMPORTANT Instructions/Information on the top of the next page.



# Pulaski Community School District

## K-5 Intra-District Elementary Transfer Application

### School Year: \_\_\_\_\_

#### **IMPORTANT Instructions / Information**

- Please complete one form for each student.
- Transportation to attend a school outside of the home area is the responsibility of the parent/guardian.
- Intra-District transfers may be revoked/denied for habitual truancy and/or behavior.
- Approved transfers are for the duration of the elementary grades.
- If you wish to return to your home/resident school, you must apply for another intra-district transfer.
- Parents will be informed by U.S. Mail of approval or denial in accordance to the application windows.
- Approval of the transfer request for a student does not guarantee that approval will be granted for his/her siblings either for the same school year or for future school years.
- Completed application should be sent to Dana Thibodeau, Pulaski Community School District, PO Box 36, Pulaski, WI 54162 (dmthibodeau@pulaskischools.org).

#### **PARENT / STUDENT INFORMATION (PLEASE PRINT)**

STUDENT FULL NAME:

GENDER:

DOB:

AGE:

CURRENT GRADE:

ADDRESS:

CITY:

STATE:

ZIP:

PARENT / GUARDIAN NAME:

HOME PHONE:

WORK PHONE:

ELEMENTARY ATTENDING CURRENTLY:

E-MAIL:

#### **HOME/RESIDENCE ATTENDANCE AREA ELEMENTARY**

☐ FAIRVIEW

☐ GLENBROOK

☐ HILLCREST

☐ LANNOYE

☐ SUNNYSIDE

#### **ELEMENTARY YOU WOULD LIKE YOUR CHILD TO ATTEND**

☐ FAIRVIEW

☐ GLENBROOK

☐ HILLCREST

☐ LANNOYE

☐ SUNNYSIDE

#### **OTHER INFORMATION**

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 already attending the non-attendance area school?  
Sibling's Name(s)

☐

☐

Does your child have an IEP?

#### **REASON FOR TRANSFER**

#### **FOR DISTRICT USE ONLY:**

☐ APPROVED ☐ DENIED

\_\_\_\_\_  
Learning Services Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date