



School District of Holmen
Elementary School Attendance Boundary
Within District School Choice Request

Received Date: _____
Initials: _____

Deadline to submit this form: 4:00 P.M. **March 30**

SECTION I - Demographics

Student Name: _____
Last First Middle Initial

Current School of Attendance: Evergreen Sand Lake Viking Prairie View **Current Grade:** _____

School Requested: Evergreen Sand Lake Viking Prairie View

Parent/Guardian Name(s): _____ // _____

Current Address: _____
(Mother) (Father)

City: _____ **State:** _____ **ZIP:** _____

Phone Numbers:
(Mother) (Father)

Work: _____
Cell: _____

SECTION II – General Information

The Board of Education Policy #432 requires: A separate request form must be completed for each child.

1. Within District School Choice Request form must be submitted by March 30.
2. A separate request must be submitted for each child.
3. Parent/guardians(s) will be notified by mail of approval or rejection of their request by April 9.

SECTION III – Purpose of Request

Requests will be evaluated based on the benefit to student learning, space available, and grade requested. Please describe how your child’s learning will benefit from approval of this request.

SECTION IV – Signature and Determination

Parent/Guardian Signature _____ **Date:** _____

<p>Completed forms should be sent to: STUDENT SERVICES Atten: Elementary Attendance Boundaries 1019 McHugh Rd., Holmen, WI 54636-0580</p>	<p>If you have any questions call: Student Services Office at: 608-526-1309 FAX 608-526-1333</p>
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Determination Signature: _____ **Date:** _____ **Approved** **Denied**

**Please see Policy #432 for complete guidelines.*