



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. **January 30**

Please refer to Policy 5120 for more information.

SECTION I: Demographics

Student Name: _____

Last

First

Middle Initial

Current School of Attendance: _____

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Evergreen

☐

Sand Lake

☐

Prairie View

☐

Viking

School Requested: _____

☐

Evergreen

☐

Sand Lake

☐

Prairie View

☐

Viking

Current Grade: _____

Parent/Guardian Name(s): _____

Current Primary Address: _____

Address

City

State

Zip

Phone 1: _____

Email Address 1: _____

Phone 2: _____

Email Address 2: _____

SECTION II: General Information

1. Within District School Choice Request form must be submitted by January 30.
2. A separate request must be submitted for each child.
3. Parents/guardian(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: _____

Completed forms should be sent to:

STUDENT SERVICES

Atten: Elementary Attendance Boundaries

1019 McHugh Rd, Holmen WI 54636-0580

If you have any questions, call:

Student Services Office at: 608-526-1309

FAX: 608-526-1333

To be completed by Student Services Office:

Determination Signature: _____

Date: _____

☐

Approved

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Denied