



Kimberly Area School District School Request Form

One Form Per Child Please

Request for School Year _____

Student Last Name	Student First Name	Current Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Home Phone
		<input type="text"/>

Assigned School: JAN SUN WES WDL MAP **Desired School:** JAN SUN WES WDL MAP

Mother _____

Phone: _____

Address: _____

Email: _____

Father _____

Phone: _____

Address: _____

Email: _____

Student has IEP: Yes No

Student is open enrolled: Yes No

Reason Requesting Change:

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Both custodial parents must sign request, and provide address & contact information if different

Please understand: if your child currently is a bus student and your request is approved, the Kimberly Area School District will no longer be responsible to provide student transportation.

Return to: Supt. Robert S. Mayfield, Ed.D. • 425 S Washington St • Combined Locks WI 54113 • FAX 920-788-7919

Request Approved Signed _____ Date: _____ Request Denied