



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	Father
Phone	Phone
Address	Address
Email	Email

Student has IEP: Yes No **Student is Open Enrolled:** Yes No
Reason for Request:

Parent Signature
Parent Signature

***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 or FAX 920-788-7919
or email to: KASD@kimberly.k12.wi.us with a subject line of "SCHOOL REQUEST"

Request Approved Signed _____ Date: _____ Request Denied