



# Pulaski 4K Program Site Transfer Request Form

*NO TRANSFER REQUEST WILL BE ACCEPTED AFTER JULY 15TH*

**One Form Per Child**

**Request for School Year** \_\_\_\_\_

Student Last Name	Student First Name	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address

City	State	Zip Code	Primary Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assigned School/Site:	<input type="checkbox"/> Encompass	<input type="checkbox"/> Fairview	<input type="checkbox"/> Glenbrook	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Peaceful Beginnings	<input type="checkbox"/> Shining Stars	<input type="checkbox"/> Sunnyside	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Desired School/Site:	<input type="checkbox"/> Encompass	<input type="checkbox"/> Fairview	<input type="checkbox"/> Glenbrook	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Peaceful Beginnings	<input type="checkbox"/> Shining Stars	<input type="checkbox"/> Sunnyside	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Guardian _____	Guardian _____								
Primary phone _____	Primary phone _____								
Work Phone _____	Work Phone _____								

**\*Please understand: If your child currently is a bus student and your request is approved, the PCSD will no longer be responsible to provide student transportation.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return to: Kris Wells, 4K Coordinator; 4193 Hillcrest Rd., Hobart, WI 54155 Fax: 920-272-6905**

4K Coordinator: \_\_\_\_\_

Request Approved     Request Denied    Date \_\_\_\_\_