Intra-District Transfer Form for 2017-2018

Preference Window: January 3, 2017 - February 3, 2017 Additional Window: February 6, 2017 - April 28, 2017



INSTRUCTIONS:

- To be completed by the parent, legal guardian or student (if 18 or older).
- > Please complete one form for each student.
- > Fill out all information completely and accurately. Missing or inaccurate data may delay processing or result in errors relating to acceptance/denial. Deliberately providing false data may be grounds for denial of the application.
- > Submit completed form to the Green Bay Area Public School District, Central Registration, Room 116, 200 S Broadway, Green Bay, WI 54303. Central Registration Hours: Monday through Friday 7:00 a.m. to 5:00 p.m.
- ➤ Intra-District Applications for 5-year-old kindergarten through 12th grade will not be accepted after 4:00 p.m. on Friday April 28th, 2017.
- > 4K applications are accepted all year.

Student ID:

If your child isn't a current Green Bay Area Public School student, please complete an Enrollment Form and provide birth certificate and proof of residency with this application.

TRANSPORTATION: Parents are responsible for providing transportation to and from school for Intra-District Transfer Students. **REVOCATION:** Intra-District Transfers may be revoked for habitual truancy and/or behavior.

DECISIONS: Parents will be informed by US Mail of the decision by:

- April 13, 2017 for requests submitted during the Preference Window
- June 23, 2017 for requests submitted during the Additional Window

	st Name	Student First N	Name	MI	Date of Birth: mm/dd/yyy	
Address (S	treet, Apt, City, State, Zip)			(D) aytime Telephone Number	
Home Attendance Area School (School where the student resides)		Grade Applying for: If 4K circle one: AM / PM / No Preference		e		
School(s) i	n which the student is Applying to	Attend (non-attendance	e area). You may	choose up t	o 3 schools:	
1)		2)		3)		
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	ibling's Name(s) re any siblings of this student of ibling's Name(s)	currently approved to the services? dualized education process.	o attend the no	n-attendan	ce area school? program?	
S:	ibling's Name(s) re any siblings of this student of this student of this student of the student receive special oes the student have an individues the student need or receive oes the student need or receive	currently approved to the control of	o attend the no	n-attendan yes, which , bilingual :	ce area school? program? services or English Language	
	ibling's Name(s) re any siblings of this student of ibling's Name(s) oes the student receive special oes the student have an individues the student need or receive earner (ELL) services?	currently approved to the control of	rogram (IEP)? If	n-attendan yes, which , bilingual :	ce area school? program? services or English Language	