

**Please complete and return to:**  
Director of Student and Instructional Services  
Department of Student and Instructional Services  
SHEBOYGAN AREA SCHOOL DISTRICT  
830 Virginia Avenue  
Sheboygan, Wisconsin 53081

This form is to be used by a student who resides within the Sheboygan Area School District.

**INTRADISTRICT/CHARTER SCHOOL TRANSFER REQUEST**  
**Use this form to request the next school year - see reverse side**

Student ID \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Cell Phone \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_  
(Charter School Requests Only)

Student's Birthdate \_\_\_\_\_ Gender M F Present Grade \_\_\_\_\_

School Year Requested \_\_\_\_\_ Student's Grade for School Year Requested \_\_\_\_\_

Current School \_\_\_\_\_  
(School Name)

Attendance area in which you live \_\_\_\_\_  
(School Name)

School Requested \_\_\_\_\_  
(School Name)

Is this student receiving special education services? (circle one) Yes No

Is this student receiving English Language Learners (ELL) services? (circle one) Yes No

Does this student currently have a sibling attending the requested school? (circle one) Yes No

Does this student reside in the 2017 modified Jefferson School boundary? (circle one) Yes No

Reason for Request: (For Statistical Purposes)

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_

|  |                      |
|--|----------------------|
| <b>For Office Use Only</b>                     |                      |
| Receiving Principal _____                      | Date Discussed _____ |
| Accept _____                                   | Reject _____         |
| Signature _____                                | Date _____           |
| Director of Student and Instructional Services |                      |

Any student who lives within the Sheboygan Area School District has the opportunity to apply to attend any of the district schools through our **School Choice** enrollment process.

*Note: Non-residents may apply through the Wisconsin Public School Open Enrollment process, but will be considered after district resident applications are processed. Once open enrolled, students may remain in the district.*

**To request a transfer from one school to another school within our district:**

1. Complete the Intradistrict/Charter School Transfer Request form.
2. Return Intradistrict/Charter School Transfer Request form during the school choice period of **December 1 through February 8** to: Director of Student and Instructional Services – Dept. of Student and Instructional Services, 830 Virginia Avenue, Sheboygan, WI 53081

In consultation with the elementary and secondary principals, the Director of Student and Instructional Services – Dept. of Student and Instructional Services will establish space availability for individual grade levels and buildings beyond which no incoming transfer students will be accepted.

Transfer requests will be processed on a random selection process. If the transfer request is approved, your child can remain at the school until the highest-grade level of that school is completed.

***Priorities for School Placement:***

1. Students who reside in the school's attendance area.
2. Non-neighborhood students who attended the requested school last year and have received approval for transfer by the Director of Student and Instructional Services.
3. Siblings of students attending the school of choice.
4. New intradistrict transfer requests received by February 8.

Transfer requests are approved with the understanding that the parent/guardian is responsible for transportation and the child will remain at the school requested for the entire year. The schools also expect that students maintain good attendance, appropriate behavior, and be successful in their school. Violations of these conditions can result in the termination of the transfer approval.

The District will notify parents of acceptance or denial of transfer requests no later than March 30.

Intradistrict/Charter Transfer Requests received after the school choice enrollment period will be approved only if there is space available.

Students who wish to transfer from the school they are currently attending to a different SASD school, after the school year begins, must have the transfer approved via the following method:

1. A Building team meeting with appropriate student/parent representation agrees that it is in the best interest of the child to change schools at this time.
2. Receiving school has room, is willing, and can accommodate the current student needs.
3. Intradistrict/Charter School Transfer Request form submitted to central office.
4. If the student has an IEP, the IEP is reviewed and is communicated with Coordinator of Special Education for transfer approval.

**CO-CURRICULAR HIGH SCHOOL ACTIVITIES**

Students entering high school as ninth graders are eligible to participate in co-curricular activities providing they follow the WIAA guideline.

Exhibit 5117.5  
Adopted: March 20, 1996  
Revised: November 2000  
Revised: December 2008  
Revised: January 2012  
Revised: November 27, 2012  
Revised: December 1, 2016  
Revised: November 27, 2017  
JK

BOARD OF EDUCATION  
Sheboygan Area School District  
830 Virginia Avenue  
Sheboygan, Wisconsin 53081