

EAU CLAIRE AREA SCHOOL DISTRICT

Parent/Guardian Transfer Request to an Alternate School

Student Name:	Current Grade:
arent(s)/Guardian(s) Name: Phone:	
Resident School:	
I request my child be allowed to attend 	school for theschool for the
 Legal* Medical* Fresh Start* 	 Continuous Enrollment (To complete current school year or for 5th, 8th, or 12th grade year)
*Must attach court, doctor, or school documentation to support request.	 District Choice Boundary Area – Manz, Meadowview, and Robbins Only
(excluding District Choice Boundary Area) up. It is also the parent/guardian's respon	guardian's responsibility to provide transportation to and from school including prompt arrival and pick sibility to reapply each year since alternate ent and is granted on an annual basis only.
following entry into Grade 9 shall be ineligible for pra transfer is made necessary by a total change in reside	to a member school after their fourth consecutive semester actice and competition in athletics for one calendar year, unless the ence by parent(s) or a waiver has been provided. The calendar year ong the following: a student's last day of attendance at school, last competition.
9) enrolled in a high school other than the one they a	d as 11 th or 12 th grade students (as determined by entry into grade Ittended as a 10 th grade student are ineligible for sports participation ssary by a total change in residence by parent(s) or a waiver has
I hereby acknowledge that I accept	t the above provisions and parental responsibilities.
Parent/Guardian Signature	Date
Disposition of the Transfer Request: [–] principal of the resident school.	The parent/guardian is to present this request to the

- \Box The request for transfer is denied.
- The request for transfer is granted based on the following factor: ______

Resident School	Alternate School	Executive Director of
Principal	Principal	Administration
Date Signed:	Date Signed:	Date Signed: