Plymouth Joint School District 125 Highland Avenue Plymouth, Wisconsin 53073

Telephone (920) 892-2661 Fax (920) 892-6366



Dan Mella Superintendent Dena Budrecki Asst. Supt. for Curriculum & Instruction Anne Gamoke Director of Pupil Services Amy Williams Business Manager

ELEMENTARY SCHOOL REASSIGNMENT REQUEST

The Plymouth School District has a designated attendance area for each elementary school. In order to maintain the smallest class size possible, children are assigned to a specific school when they enter the District. A current District practice (*Elementary School Reassignment Program*) allows parents of elementary students to request that their child be assigned to another school. If you wish to request an elementary school other than the one to which your child has been assigned, **please complete this application and return it to the District Office.**

Parent's Name:	Phone:
Address:	
Names and grade levels of child/ren for whom yo (Please give the child's last name if different than	
Name	Next year's grade level
Name	Next year's grade level
Name	Next year's grade level
Do any of the children named above receive spec Yes	ial education services?
If yes, please respond to the following:	
Child's NameSp	pecial Education Services:
Elementary school to which your child/ren are as	signed:
School you wish to request:	
Reason/s for your request:	

- Important information to understand:
 - In order to best assess class sizes, the determination may not be made until late August.
 - If elementary reassignment is granted, parents will be responsible for all transportation from their home or childcare location to and from the new school.

- Once a child is assigned to a new school, it is intended that they remain in that school without reapplying each year. If there were a major shift in enrollment for the new school. then we would request volunteers to transfer first. If there are no volunteers, children who attend school through the *Elementary School Reassignment Program* will return to their home school.
- Educational needs if a student and space availability will be determining factors for school reassignment decisions.

<u>I understand that if my request is granted – I am responsible for providing transportation for</u> my child/ren from my home or other location to and from the school requested.

Parent Sig	gnature:		
Mail to:	Student Services Office – Attention Anne M. Gamoke 125 Highland Avenue Plymouth, WI 53073		
	Date Received:	By:	