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**ELEMENTARY SCHOOL REASSIGNMENT REQUEST  
2012-1013 SCHOOL YEAR**

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 by April 20, 2012.** Requests for reassignment will be accepted at any time but full consideration will be given only to those applications received by the due date.

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Names and grade levels of child/ren for whom you are requesting a change in assignment:**  
(Please give the child's last name if different than the parent's name above).

**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 special education services?** \_\_\_\_\_ (Yes/No)

**If yes, please respond to the following:**

**Child's Name** \_\_\_\_\_ **Special Education Services:** \_\_\_\_\_

**Elementary School to which your child/ren are assigned:** \_\_\_\_\_

**School you wish to request:** \_\_\_\_\_

**Reason/s for your request:** \_\_\_\_\_

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

**I understand that if my request is granted - I am responsible for providing transportation for my child from my home or other location to and from the school requested.**

**Parent Signature:** \_\_\_\_\_

**Mail to:** Pupil Services Office – Attention Anne M. Gamoke  
125 Highland Avenue  
Plymouth, WI 53073

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_