



**Intra-District Transfer/"Stay Put" Request  
Application Form - 1 Form per Student**

Students enrolled in any New Richmond elementary school may apply to attend an elementary school outside their regular attendance area. Please complete one form for each child if:

- your address change places you in a NEW attendance area and are requesting to remain at your present school.
- you are requesting to transfer to a NEW attendance area school.

**Please return the completed form by the last day in February to the Administrative Office Building, Attn: Enrollment Coordinator, 837 East 11<sup>th</sup> Street, New Richmond, WI 54017.** Exceptions will be considered for families that move after the February deadline.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_  This is a new address/Date of move \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School Attending \_\_\_\_\_

My child's NEW attendance area is (check one) if unsure, please contact the District Office

\_\_\_\_\_ Hillside Elementary \_\_\_\_\_ Paperjack Elementary \_\_\_\_\_ Starr Elementary

**Part A: Stay Put**

I am requesting that my child be allowed to remain at their current elementary school as indicated above for the remainder of the 20\_\_-20\_\_ school year. A request must also be made for any subsequent school years, see Part B.

**Part B: Intra-District Transfer (IDT)**

I am requesting that my child be transferred for 20\_\_ - 20\_\_ school year to (check one)

\_\_\_\_\_ Hillside Elementary \_\_\_\_\_ Paperjack Elementary \_\_\_\_\_ Starr Elementary

Reason for request:

Does the student have a current IEP (Individual Educational Plan)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are siblings attending the requested school? (Please list below) \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Grade \_\_\_\_\_ for 20\_\_ - 20\_\_ school year

Name \_\_\_\_\_ Grade \_\_\_\_\_ for 20\_\_ - 20\_\_ school year

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Office Use Only:  Approved  Denied

Date Received by District: \_\_\_\_\_