

STUDENT TRANSFER AGREEMENT

STUDENT NAME _____ DATE _____

ADDRESS _____

I request that my child be transferred from _____ School
(school of attendance)

to _____ School for the 2024-2025 school year.
(school of choice)

Why are you requesting a school out of your attendance area?

I understand that this transfer, if approved, may be temporary and my child may have to return to the school in our attendance area if overcrowding or other factors influencing the education program or student well-being makes the transfer no longer feasible. I also understand that I may not receive transportation through the Tomah School District if this transfer is approved.

Please mail or drop off completed agreement to:

Tomah Area School District Office

Attn: Kelli Janusheske

129 W. Clifton Street

Tomah, WI 54660

For District Use Only:

Date Received: _____

Time: _____

Received by: _____

2024-2025 Grade: _____

Parent Signature