

According to School Board policy, families who wish their child(ren) to attend a Whitewater elementary school outside their attendance area must communicate the reasons for their request in writing to the Superintendent. The Superintendent, in collaboration with the school principals, determines the number of students admitted to a school using established guidelines of residency, space availability, siblings, special needs, or other compelling educational reasons. Each request is judged on merit. The placements are unique and non-precedent setting. It is the responsibility of the family to provide any necessary transportation.

Please complete the information below and return to:

Dr. Caroline Pate-Hefty, Superintendent Whitewater Unified School District 419 South Elizabeth Street Whitewater, WI 53190

E-mail: cpatehefty@wwusd.org

Caroline Pate-Hefty, EdD

Families will be notified of the decision as soon as possible. For the following school year, requests made by June 1, will be determined immediately after the June 1 cutoff; requests received after June 1 will be determined after registration/fee collection day in August. If you have questions, feel free to call the Superintendent at 262-472-8708.

Date	Student Name		Birthdate
Residency Area School School Student is Requesting to Attend			dent is Requesting to Attend
Does your ch	ild currently attend Whitewa	ater schools? 🗆 Y	′es □ No
If yes, which	school does he/she attend?		
When do you	want the transfer to begin?		Grade child will be in at time of transfer
Reason for R	equest:		
Does your ch	ild have sibling(s) in elemen	tary school? □ Yes	s □ No. If ves:
			, □ 110 11 yes.
Name		Grade	School
Name		Grade	SchoolSchool
Name Does your ch	ild receive special educatior	Grade n or have any spec	SchoolSchoolschool
Name Does your ch Is English you	ild receive special educatior ur child's first language? □ Y	Grade n or have any spec es □ No If no, v	SchoolSchoolschoolschoolschoolsial needs? Yes No If yes, please explain what is your child's first language?
Name Does your ch Is English you Parent/Guar	ild receive special education ur child's first language? □ Yo dian Name(s)	Grade n or have any spec es □ No If no, v	SchoolSchoolschoolschoolschoolsial needs? Yes No If yes, please explain what is your child's first language?
Name Does your ch Is English you Parent/Guar Address	ild receive special education ur child's first language? □ Yo dian Name(s)	Grade n or have any spec es □ No If no, v	SchoolSchoolschoolschoolschoolsial needs? Yes No If yes, please explain what is your child's first language?

Date