

HORTONVILLE AREA SCHOOL DISTRICT

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INTRA-DISTRICT SCHOOL REQUEST FORM

(Requests are to be completed beginning February 1st and ending on April 30th.)

Send paperwork to the Student Registration or email to: tamieneilson@hasd.org

Student Name: _____

Parent(s) Name: _____

Student's Current Address: _____

Phone Number: _____ Email Address: _____

Grade Student will be going into: _____

School Student is currently enrolled in: _____

School requesting for student to attend: _____

Reason for Intra-District school request: _____

Transportation: Transportation is the **responsibility of the parent**, unless current buses can accommodate the change. A request may be made to the Transportation Director.

Please complete if you want your child to return to their District Assigned Boundary School:

School Currently Attending: _____

District Assigned Boundary School: _____

Grade student will be going into: _____

Students may return to their District assigned boundary school for the new school year. We request this information for our records and to inform the schools and transportation.

For District Use:

Received request in District Office: _____

Reviewed by Administration: _____

Approved _____ Denied _____

Letter sent to family: _____

NO Intra-District requests will be accepted during the school year.