

Plymouth Joint School District
125 South Highland Avenue
Plymouth, Wisconsin 53073
Telephone (920) 892-2661
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Scott Stier
Superintendent
Dena Budrecki
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ELEMENTARY SCHOOL REASSIGNMENT REQUEST

The Plymouth School District has a designated attendance area for each elementary school. In order to maintain the smallest class size possible, children are assigned to a specific school when they enter the District. A current District practice (*Elementary School Reassignment Program*) allows parents of elementary students to request that their child be assigned to another school. 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.**

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: _____

Please turn the page for important information and a signature --- ☐

Elementary School to which your child/ren are assigned: _____

School you wish to request: _____

Reason/s for your request:

Important information to understand:

- In order to best assess class sizes, **the determination may not be made until late August.**
- If elementary reassignment is granted, **parents will be responsible for all transportation from their home or childcare location to and from the new school.**
- Once a child is assigned to a new school, it is intended that they remain in that school without reapplying each year. If there were a major shift in enrollment for the new school, then we would request volunteers to transfer first. If there are no volunteers, children who attend school through the *Elementary School Reassignment Program* will be returned to their home school.
- Educational needs of a student and space availability will be the determining factors for school reassignment decisions.

I understand the parameters stated above and wish to request elementary reassignment.

Parent signature: _____ date: _____

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