INTRA-DISTRICT REQUESTS FOR THE 2018-2019 SCHOOL YEAR

Parent/Guardian Name: _____
Full Address: _____
(street address) (city) (zip)
Phone: _____

We live in the: (choose one) ☐ Black Creek Attendance Center (or) ☐ Seymour Attendance Center

Please consider the following choice for our child(ren) for the 2018-19 school year:

Child's Name:_____Child's Grade for 2018-19 _____
- ☐ Black Creek Elementary/Middle School (Grades PreK-8)
- ☐ Rock Ledge Primary Center (Grades PreK-2)
- ☐ Rock Ledge Intermediate Center (Grades 3-5)
- ☐ Seymour Middle School (Grades 6-8)

Child's Name:_____Child's Grade for 2018-19 _____
- ☐ Black Creek Elementary/Middle School (Grades PreK-8)
- ☐ Rock Ledge Primary Center (Grades PreK-2)
- ☐ Rock Ledge Intermediate Center (Grades 3-5)
- ☐ Seymour Middle School (Grades 6-8)

Child's Name:_____Child's Grade for 2018-19 _____
- ☐ Black Creek Elementary/Middle School (Grades PreK-8)
- ☐ Rock Ledge Primary Center (Grades PreK-2)
- ☐ Rock Ledge Intermediate Center (Grades 3-5)
- ☐ Seymour Middle School (Grades 6-8)

Child's Name:_____Child's Grade for 2018-19 _____
- ☐ Black Creek Elementary/Middle School (Grades PreK-8)
- ☐ Rock Ledge Primary Center (Grades PreK-2)
- ☐ Rock Ledge Intermediate Center (Grades 3-5)
- ☐ Seymour Middle School (Grades 6-8)

Child's Name:_____Child's Grade for 2018-19 _____
- ☐ Black Creek Elementary/Middle School (Grades PreK-8)
- ☐ Rock Ledge Primary Center (Grades PreK-2)
- ☐ Rock Ledge Intermediate Center (Grades 3-5)
- ☐ Seymour Middle School (Grades 6-8)

Signed: _____ Date: _____

Please complete and return to:

Daneen Hansen, Open Enrollment Coordinator
Seymour Community School District
10 Circle Drive
Seymour, WI 54165

The Seymour Community School District will respond to your request by June 15, 2018.