

INTRA-DISTRICT REQUESTS FOR THE 2024-2025 SCHOOL YEAR

Parent/Guardian Name: _____

Full Address: _____
(street address) (city) (zip)

Phone: _____ Email: _____

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 2024-25 school year:

Child's Name: _____ Child's Grade for 2024-25 _____

☐ Please check the box if the child receives special education services

☐ 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 2024-25 _____

☐ Please check the box if the child receives special education services

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☐ Rock Ledge Primary Center (Grades PreK-2)

☐ Rock Ledge Intermediate Center (Grades 3-5)

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☐ Seymour Middle School (Grades 6-8)

Signed: _____ Date: _____

Reason for Request: _____

Please complete and return to:

Holly Rusch, Open Enrollment Coordinator
Seymour Community School District
10 Circle Drive
Seymour, WI 54165
hrusch@seymour.k12.wi.us