

## **INTRA-DISTRICT REQUESTS FOR THE 2025-2026 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 2025-26 school year:

Child's Name: \_\_\_\_\_ Child's Grade for 2025-26 \_\_\_\_\_

- ☐ Please check this 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 2025-26 \_\_\_\_\_

- ☐ Please check this 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)
- ☐ Seymour Middle School (Grades 6-8)

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- ☐ Seymour Middle School (Grades 6-8)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Please complete and return to:**

Danielle Johnson, District Administrative Assistant | [djohnson@seymour.k12.wi.us](mailto:djohnson@seymour.k12.wi.us)

Seymour Community School District | 10 Circle Drive | Seymour, WI 54165 *The Seymour Community School*

*District will respond to your request by June 15, 2025.*