

INTRA-DISTRICT REQUESTS FOR THE 2019-2020 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 2019-20 school year:

Child's Name: _____ Child's Grade for 2019-20 _____ <input type="checkbox"/> Black Creek Elementary/Middle School (Grades PreK-8) <input type="checkbox"/> Rock Ledge Primary Center (Grades PreK-2) <input type="checkbox"/> Rock Ledge Intermediate Center (Grades 3-5) <input type="checkbox"/> Seymour Middle School (Grades 6-8)

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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.