



KM4K Request for Change in Site Placement

This form is to be completed by the parent/guardian and submitted to the district office. Requests received prior to **July 1** will be decided on a case-by-case basis as space permits. The change of site may be allowed under special conditions.

Please supply the following information:

Parent / guardian name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Child's name _____ DOB _____

Assigned KM4K site _____

Requested KM4K site **based on availability** _____

Did you receive any of your original site choices on the application? (circle one) Yes / No

Briefly describe the reason for your request _____

When is the best time to reach you? _____

We may need to call to discuss your placement change request.

Parent Signature _____ Date _____

Send request to: **School District of Kettle Moraine — KM4K Registration**
563 A.J. Allen Circle, Wales, WI 53183

Administrator's Recommendation (circle one)			
KM4K Coordinator Approve Deny _____ Administrator's signature	Director of Student Services Approve Deny _____ Administrator's signature		

Site Communication	
Assigned site _____	Requested site _____
Date/Time _____	Date/Time _____
Communication Method _____	Communication Method _____
Date letter sent to parent _____	