



# APPLICATION FOR IN-DISTRICT ENROLLMENT TRANSFER

FOR YEAR: 2012-13

IN GRADE \_\_\_\_\_

**PLEASE COMPLETE ONE FORM FOR EACH STUDENT TRANSFER REQUEST AND RETURN TO:**

CINDY FYLE, ENROLLMENT OPTIONS  
 MOUNDS VIEW PUBLIC SCHOOLS  
 350 HIGHWAY 96 WEST, SHOREVIEW, MN 55126

**Reason for this transfer request:**

- . Moved out of school attendance area but wish to continue attending. Date of move: \_\_\_\_\_
- . New Request – Does not currently attend requested school - requests placement for the following reason(s):
  - . Daycare: Daycare address \_\_\_\_\_
  - . Sibling Preference (Please indicate siblings currently attending this school)
    - Name \_\_\_\_\_ Grade \_\_\_\_\_
    - Name \_\_\_\_\_ Grade \_\_\_\_\_
  - . 621 Staff Preference: Site parent works at \_\_\_\_\_
  - . Compelling educational reason: Please explain: (Use reverse side of form if necessary.)

Student Name			Birthdate (MM/DD/YY)		Male/Female		
Address		City		Zip		Home Phone	
Parent/Guardian Name (Last, First, M.I.)					Work Phone		Cell/Pager
Is there a current IEP?			Receiving ESL services				
YES      NO			YES      NO				
Assigned School of Attendance			Requested Schools of Attendance:				
			1.				
			2.				

The above information is true and correct to the best of my knowledge. If any of the information is found to be false, I understand that this transfer may be denied or withdrawn immediately. I also understand that approved in-district transfer agreements are continued dependent upon appropriate student behavior and attendance. I understand that this transfer application does not guarantee admission to the requested school.

\*Transportation is NOT available for transfer enrollments.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\*For office use only\*

- . Approved
- . Disapproved

Copies: \_\_\_\_\_ Home School  
 \_\_\_\_\_ Transfer School  
 \_\_\_\_\_ Parent

\_\_\_\_\_  
 SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY

\_\_\_\_\_  
 DATE