



**Intra-District Transfer Request Form**  
**2019-2020**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade for 2019-2020 school year: \_\_\_\_\_ Does student have an IEP or 504 Plan? YES  NO

Assigned Boundary School: \_\_\_\_\_ Requested School: \_\_\_\_\_

Are you currently an Open Enrolled student? YES  NO  If yes, what school do you attend? \_\_\_\_\_

Reason(s) for request to transfer:

- Already have a student attending this school – Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_
- Day care is in the boundary area. Address of day care: \_\_\_\_\_
- Other: \_\_\_\_\_

***\*\*Requested school placement is based on space availability\*\****

I understand that busing will not be provided, and I am responsible for transportation to the requested school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to: Carla Hasbrouck**

**Fax:**  
763-600-5582

**Mail:**  
1415 81st Ave NE,  
Spring Lake Park, MN 55432

**Email:**  
[Chasbr@District16.org](mailto:Chasbr@District16.org)

Office Use Only:		Date Received: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Parent notified _____	
<input type="checkbox"/> Denied	<input type="checkbox"/> Lack of space in the building	<input type="checkbox"/> Lack of space in a required program
*Reason for Denial:	<input type="checkbox"/> Lack of space in grade level	<input type="checkbox"/> Balance of class size in district