

# St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070  
763-753-7040 • www.isd15.org

## Inter-District Transfer Form

*For office use only:*

Student # \_\_\_\_\_

Effective Date of Open-Enrollment \_\_\_\_\_ Grade \_\_\_\_\_

**Student's Legal Name** \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_\_ Student ID # \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_ Apt, Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

### PRIMARY PARENT/GUARDIAN #1

Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### PRIMARY PARENT/GUARDIAN #2

Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

School student should attend (by home address) \_\_\_\_\_

School student would like attend \_\_\_\_\_

### REASON FOR INTER-DISTRICT OPEN ENROLLMENT

**Childcare:**  Yes  No *If YES, student must be picked up AND dropped off from childcare address.*

Name of childcare provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Other:**  Yes  No *If YES, parent must provide transport for student to and from school.*

*Please explain:*

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

Serving Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

Resident Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_