St. Francis Area Schools

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

Saints Academy/Saints Online/Guided Studies Inter-District Transfer Form

Effective Date of Transfer _____ Grade _____

ENROLLMENT

- ☐ I will be full time at St. Francis High School
- ☐ I will be full time (all 5 classes) at Saints Academy
- ☐ I will be part time at Saints Academy and part time at SFHS/Saints Online/Guided Studies
- ☐ Undecided on Schedule (Check back in August)

IF KNOWN PLEASE FILL OUT SCHEDULING

☐ 1	☐ SO	☐ SA	☐ SFHS
☐ 2	☐ SO	☐ SA	☐ SFHS
☐ Saints Time	☐ SO	☐ SA	☐ SFHS
☐ 3	☐ SO	☐ SA	☐ SFHS
☐ 4	☐ SO	☐ SA	☐ SFHS
☐ 5	☐ SO	☐ SA	☐ SFHS

Student's Legal Name _____ Nickname_____
Last First Middle

☐ Male ☐ Female Birth Date_____ Student ID # _____ Graduation Year _____

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 _____

TRANSPORTATION

- ☐ Student will not be needing busing AM or PM to attend Saints Academy
- ☐ Student will need AM busing from primary address
- ☐ Student will need PM busing to primary address

PARENT/GUARDIAN PERMISSION

- ☐ I certify that my student is under 21 years of age and qualifies under MN Statute 124D.68 Graduation Incentives Program

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

CONTINUAL LEARNING PLAN *(To be filled out by Saints staff only)*

I. CURRENT STATUS Where is student currently at?	**II. GOALS** Where does the student want to go?	**III. ACTIVITIES** How will the student meet their goals?
(Check those appropriate) ☐ Partially Meeting/Not Meeting Grade Level Standard(s) ☐ Behind in Completing Coursework ☐ Chronic Attendance Issue ☐ 504 Plan ☐ IEP Plan ☐ Other:	*(Check those appropriate)* ☐ Increase level of academic achievement ☐ Follow accommodations/modifications per IEP/504 Plan ☐ Graduate on time ☐ Other (i.e., social-emotional, study skills, vocational, transitional, parenting, personal)	*(Check those appropriate)* ☐ Attend Saints Academy
IV. ASSESSMENTS	**LEARNING OBJECTIVES**	**SUMMARY**
(Check those appropriate) ☐ Complete course requirements ☐ Complete testing - MCA ☐ Complete testing - FastBridge ☐ Complete other district or individual plan requirements:	*(Check those appropriate)* ☐ Complete required coursework ☐ Improve math/reading score - FastBridge ☐ Improve math score - MCA ☐ Improve reading score - MCA ☐ Improve attendance ☐ Improve classroom behavior ☐ Improve classroom performance	Annual Goals Met ☐ Yes ☐ No If No, specific goal not met: ☐ Increase level of academic achievement ☐ Math ☐ Reading ☐ Follow accommodations/modifications per IEP/504 Plan ☐ Other (i.e., social-emotional, study skills)

Student qualifying code *(staff must check one)*: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13

Saints Academy Staff Signature_____ Date _____

Student will generate over 1.0 ADM if goals not met (Per MS 124D.128; Subdivision 3; participation in the program is optional.)
Student Credit Template is available upon request.