# Robbinsdale Area Schools
# SCHOOL TRANSFER FORM
# School Year 2020-2021

ROBBINSDALE Area Schools
Individual focus. Infinite potential.

**Please return completed form to:**
**Robbinsdale Area Schools Student Services, 4148 Winnetka Ave N, New Hope, MN 55427**
**or by fax to 763-504-8081**

**All transfer requests are subject to space availability, date received, and priority order.**

| | | |
|---|---|---|
| **Parent/Guardian 1 Name** (Last, First, M.I.) ☐ Employee of ISD 281 | Home Phone: ( ) -<br>Work Phone: ( ) - | Cell Phone: ( ) -<br>Email: |
| **Parent/Guardian 2 Name** (Last, First, M.I.) ☐ Employee of ISD 281 | Home Phone: ( ) -<br>Work Phone: ( ) - | Cell Phone: ( ) -<br>Email: |

| | | |
|---|---|---|
| **Parent/Guardian Address** | City | Zip Code |

| | | |
|---|---|---|
| **Student Name** (Last, First, M.I.) | Birthdate:<br>Mo ____ Day ____ Yr_____ | Gender:<br>M ☐ F ☐ |

| | | |
|---|---|---|
| School Currently Attending or Last Attended | Grade Level in 2020-2021 | Special Needs / Active IEP/ English Language Learner (to determine appropriate placement) |

Reason for Request: (Please include sibling attending, day care, etc.)

☐ Sibling (defined as a child who shares at least one parent or legal guardian with another child who is currently enrolled at the same school at the time of application and will be enrolled at the same school with the applicant) Sibling Name(s) (Last, First, M.I.): _____

☐ Other:

List school choice(s) in order of priority:

1. _____
2. _____
3. _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.
**I also acknowledge that I am responsible for providing transportation to and from any non-magnet school outside my attendance area.**

_____ _____
*Signature – Parent/Guardian* *Date*

For office use only

| | | |
|---|---|---|
| Date and Time Application Was Received | Date Parent / Guardian Notified | Date Approval Expires |

_____ _____
Signature of Responsible Authority Date

Approved to Attend _____ on_____ at_____
School Building Name Starting Date Grade Level

Attendance Area School _____
List School OR District (if Non-281 Student)

Request Code _____

Reason for Denial (if Applicable):

**Further Information:** Contact the Enrollment Center at 763-504-8080