

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 <input type="checkbox"/> Student will be full-time at: _____ <input type="checkbox"/> Student will be concurrently enrolled at: _____	IF KNOWN PLEASE FILL OUT SCHEDULING <table><thead><tr><th>Period</th><th>Program and Schedule Details</th></tr></thead><tbody><tr><td><input type="checkbox"/> 1</td><td>_____</td></tr><tr><td><input type="checkbox"/> 2</td><td>_____</td></tr><tr><td><input type="checkbox"/> Saints Time</td><td>_____</td></tr><tr><td><input type="checkbox"/> 3</td><td>_____</td></tr><tr><td><input type="checkbox"/> 4</td><td>_____</td></tr><tr><td><input type="checkbox"/> 5</td><td>_____</td></tr><tr><td><input type="checkbox"/> Credit Recovery</td><td>_____</td></tr></tbody></table>	Period	Program and Schedule Details	<input type="checkbox"/> 1	_____	<input type="checkbox"/> 2	_____	<input type="checkbox"/> Saints Time	_____	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 4	_____	<input type="checkbox"/> 5	_____	<input type="checkbox"/> Credit Recovery	_____
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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 _____

I agree that all parent/guardian information on file with St Francis Area Schools is correct and no changes need to be made at this time. If not, please fill out the Parent/Guardian Information section.

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
 Student will need the busing between two buildings during the regular school day.
If yes, please fill in time and building details below.

Time

Building

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 _____