



Intra-District Transfer Request Form
2020-2021

Student Name: _____ Birth Date: _____

Student Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Email address: _____ Cell Phone: _____

Grade for 2020-2021 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 for Open Enrolled or Non-Boundary school requests, and I am responsible for transportation to the requested school.

Parent/Guardian Signature: _____ Date: _____

Please return completed form to: Suzanne Alcantara

Fax: 763-600-5582

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

Email: salcan@district16.org

Office Use Only: Date Received: _____
[] Approved [] Parent notified _____
[] Denied *Reason for Denial: [] Lack of space in the building [] Lack of space in a required program
[] Lack of space in grade level [] Balance of class size in district