



22-23 SCHOOL YEAR REQUEST TO TRANSFER SCHOOLS

Today's Date _____ Date Received (office use only) _____

Student Name _____ Birth Date _____

Student Address _____ City _____ Zip _____

Parent(s) Name _____ Phone _____

Email address: _____

Grade for 2022-2023 school year _____ Does student have an IEP or 504 Plan? _____

Assigned School _____ Requested School _____

Reason(s) for transfer:

Already have a student attending this school – Student Name _____ Grade _____

Moved to new address

Other: _____

Important things to know:

- Transportation is the responsibility of the parents/guardians if a transfer is approved.
- Placement is based on space availability.
- For requests received by 1/15/22: If there are more requests than spaces available a lottery will be held to determine placement. Applicants will be notified by mid to late February.
- For requests received after 1/15/22: Requests will be reviewed on a date of receipt basis. Applicants will be notified once placement has been approved or a wait list has been established.
- Transfer will not occur without approval from the Building Principal and Assistant Superintendent.

Parent signature _____

Please return completed form to:

Deb Pauly
 1001 Highway 7
 Hopkins, MN 55305
 Ph:952.988.4027 Fax:952.988.4108
deb.pauly@hopkinsschools.org

Assigned School

Approved
 Denied
 Date _____
 Principal _____

Date sent to bldg. _____

Requested School

Approved
 Denied
 Date _____
 Principal _____

Date sent to bldg. _____

Admin Services

Approved
 Denied
 Date _____ Admin _____
 Parent notified _____
 Parent accept/decline _____
 Bldg/Enrollment notified _____