



**White Bear Lake  
Area Schools**

**Intra-District Transfer Request Form**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Grade for 2021-2022 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:

Student has a sibling already attending this school – Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Day care is in the boundary area. Address/Name of day care: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\*Requested school placement is based on space availability\*\***

I understand that busing will not be provided, and I am responsible for transportation to the requested school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to: Hilary Farah

Fax:  
651-407-7502

Mail:  
4855 Bloom Avenue  
White Bear Lake, MN 55110

Email:  
[hilary.farah@isd624.org](mailto:hilary.farah@isd624.org)

**Office Use Only**

Approved

Denied

Parent Notified: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\*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