



# Roseville Area Schools

*Quality Teaching & Learning for All...Equity in All We Do*

## ROSEVILLE AREA ELEMENTARY SCHOOLS

### Request for Student In-District Transfer

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

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade Requesting \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby request \_\_\_\_\_  
(Child's Name)

be transferred from \_\_\_\_\_  
(School of Residence)

to \_\_\_\_\_  
(School of Attendance)

for the school year beginning September, 20 \_\_\_\_\_ or \_\_\_\_\_  
(Date)

Students who are officially transferred under this policy and regulation and have successfully completed the first year of transfer shall be considered continuous students. They will not have to reapply for transfer in years succeeding the initial transfer. Approval of in-district transfer to a different neighborhood school may be revoked due to poor attendance. The Assistant Superintendent, based on a recommendation from the building principal, will make this decision.

It is further understood that responsibility for transportation to and from \_\_\_\_\_  
is solely our responsibility. (School of Attendance)

\_\_\_\_\_  
(Parent's Signature)

Please return form to:

Central Enrollment Office  
1251 County Road B2 W  
Roseville, MN 55113