23-24 SCHOOL YEAR REQUEST TO TRANSFER SCHOOLS

Applications must be received by 1/17/23 for initial consideration

Today’s Date ______________________ Date Received (office use only) ______________________

Student Name ___________________________ Birth Date ___________________________

Student Address _________________________ City ___________ Zip ___________

Parent(s) Name ___________________________ Phone ___________________________

Email address: __________________________________________

Grade for 2023-2024 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 1/17/23: 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 1/17/23: 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

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<thead>
<tr>
<th>Assigned School</th>
<th>Requested School</th>
<th>Admin Services</th>
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<tbody>
<tr>
<td>☐ Approved</td>
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<tr>
<td>Principal _______</td>
<td>Principal _______</td>
<td>Parent notified</td>
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Date sent to bldg. ______ Date sent to bldg. _______ Bldg/Enrollment notified _______