



# 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](mailto: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 \_\_\_\_\_