

# 2022-2023 IN-DISTRICT TRANSFER APPLICATION

## 1. STUDENT INFORMATION

Legal Name:

EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE OR OTHER LEGAL DOCUMENT

Last (family) First Middle

Gender:  Male  Female

Birth Date:

STUDENT MUST BE AGE 5 on or BEFORE SEPTEMBER 1st

Month Day Year

Applying For Grade:

Current or Last School Attended:

Requested Start Date:

Month / Day / Year

## 2. FAMILY APPLICATION (Optional) (Application required for each sibling)

The following siblings of this student are applying to the same school(s). Please process their applications as a family. If the siblings are processed as a family, and all siblings cannot be approved to the same school, then none of the applications for the family will be approved. **Note:** Requesting that your students' applications be processed together as a family may decrease the chances of approval to your selected schools.

Siblings applying to the same school (List more on back if necessary):

Sibling Name			Birth Date		
Last (family)	First	Middle Initial	Month	Day	Year
			/	/	
			/	/	

## 3. SCHOOL CHOICE - List school choices in order of preference

1<sup>st</sup>:

2<sup>nd</sup>:

3<sup>rd</sup>:

This student has a sibling that will be attending the FIRST CHOICE school in 2022-2023:

Sibling Name			Birth Date		
Last (family)	First	Middle Initial	Month	Day	Year
			/	/	

This student has a childcare provider in the attendance area of the FIRST CHOICE school:

Childcare Provider Name:  Telephone: (  ) -  Area Code

Address:

Number and Street Apt.

City State Zip Code

## 4. PARENT/GUARDIAN INFORMATION

parent/guardian Last (family) First M.I.

Address:

Number and Street Apt.

City State Zip Code

Email:

Telephone: Primary (  ) -  Area Code Alternate (  ) -  Area Code

Is the student's parent/guardian a District 279 employee?  Yes  No

Signature:  Date: Month / Day / Year

**APPLICATION WINDOW DEADLINE**



If you need help with this application, please call (763) 585-7350.

Si necesita ayuda en español para llenar esta forma, por favor llame al siguiente número de teléfono: (763) 549-2444.

Yog koj xav tau kev pab los yog muaj lus nug txog daim ntawv no, thov hu rau tus xov tooj (763) 585-7320.

Send this application to:

Enrollment Center  
ISD 279 - Osseo Area Schools  
7051 Brooklyn Boulevard  
Brooklyn Center, MN 55429

Fax: (763) 585-7368

Email: enrollmentcenter@district279.org

**FOR OFFICE USE ONLY:**

DATE RECEIVED

STUDENT ID#

ASSIGNED SCHOOL (C/A AND A/A)

SIBLING PRIORITY (ID #)

CHILDCARE PRIORITY (C/A AND A/A)

EMPLOYEE PRIORITY (NAME)

OSSEO AREA SCHOOLS

ISD 279

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