

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 502.4P Adopted November 1987 Revised December 2022

Title Intradistrict Student Transfer Application

If you are the parent or guardian of a child (or an adult student age 18 or older), who lives in Independent School District 196, and if you would like that child to attend a school other than the child's attendance area school, complete the application form below and return it by the appropriate deadline to: **Student Information Supervisor, Independent School District 196, 3455 153<sup>rd</sup> St. West, Rosemount, MN 55068.**

<u>Grade Level</u>	<u>Reason for Transfer</u>	<u>Deadline</u>
K-5	Intent to establish residency	Any time (but not before four years of age)
K-5	Parent/guardian request	<b>December 15</b> (but not before four years of age)
6-8	Intent to establish residency	Any time (but not before 5 <sup>th</sup> grade)
6-8	Parent/guardian request	<b>December 15</b> (but not before 5 <sup>th</sup> grade)
9-12	Intent to establish residency	Any time (but not before 8 <sup>th</sup> grade)
9-12	Parent/guardian/ adult student request	<b>December 15</b> (but not before 8 <sup>th</sup> grade)
9-12	11 <sup>th</sup> or 12 grade student to remain at current school	Any time (but not before 11 <sup>th</sup> grade)
6-12	Attendance area adjustment	<b>December 15</b>

**You will receive an official notice from the Student Information Department regarding the status of your application after the review process is complete.** Applications received after the specified deadline will be considered on a case-by-case basis.

Transportation will not be provided for intradistrict transfer students except as noted in section 3.6.1 of Policy 502, Student Transfers.

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***Please print. Complete a separate form for each student.***

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Student's name \_\_\_\_\_ Grade level next school year \_\_\_\_\_ ID number \_\_\_\_\_

Parent or guardian name (last, first, middle) \_\_\_\_\_

Parent or guardian address (street, city, zip code) \_\_\_\_\_

Parent or guardian telephone number(s) with area code (home) (work) (cell/pager) \_\_\_\_\_

School of residence \_\_\_\_\_ School requested for next school year \_\_\_\_\_

**Requested date for transfer to begin:** \_\_\_\_\_ (NOTE: Except for transfers based on intent to establish residency, the ending date of the transfer will be no later than the end of an elementary student's 5<sup>th</sup> grade year, a middle school student's 8<sup>th</sup> grade year or a high school student's 12<sup>th</sup> grade year. For transfers based on intent to establish residency, the ending date will be the end of the school year.)

- Reason for Request:**  Intent to establish residency (please specify new address if not listed above, and attach a copy of the purchase or lease agreement, or other legal document that shows intent to change residence): \_\_\_\_\_  
\_\_\_\_\_
- Parent/guardian/adult student request
- 11th or 12th grade student to remain at current school (please specify):  
\_\_\_\_\_  
\_\_\_\_\_
- Attendance area adjustment options as authorized by the School Board

The above information is true and correct to the best of my belief and knowledge.

**X** \_\_\_\_\_  
Parent, guardian or adult student signature Date

**(NOTE: Notification of final approval will come only from the District 196 Student Information Department.)**

**DISTRICT USE ONLY**

\_\_\_\_\_  
Date application received

Transfer based on intent to establish residency, 11<sup>th</sup> or 12<sup>th</sup> grade student to remain at current school, parent/guardian/adult student request or attendance area adjustment:

\_\_\_\_ Approved    \_\_\_\_ Denied

The student will be enrolled in:

_____ School	_____ Grade level	_____ Beginning (date)
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**X** \_\_\_\_\_  
Signature of student information supervisor Date

**Distribution:**

____ Parent, guardian or adult student	____ Principal of school of residence
____ Student's cumulative folder	____ Principal of requested school