

**REQUEST FOR STUDENT TRANSFER**  
Duluth Public Schools  
(218) 336-8739

The Duluth Public School District is committed to high quality academic and development opportunities for all students within each of its elementary, middle school, and high school settings. Serving the unique student centered needs of each student is a primary value and evident in the “Duluth Public Schools experience.” The district acknowledges that unique circumstances may exist giving consideration for a request to transfer to a site outside the family’s attendance area. The parent/guardian may initiate the transfer request process by completing this transfer request form. The Assistant Superintendent, guided by School Board Policy 5040 and Regulation 5040R, with regard for teacher/student ratio, class size, classroom space and building populations, will allow or deny a transfer request after careful consideration of the application information.

**Approved student transfer requests will be implemented either at the beginning of the school year or at the beginning of a school year’s second semester.** Transfer requests for the following school year must be submitted prior to **April 30th**. Second semester transfer requests must be submitted by **December 1st**.

Transfers not approved by the Assistant Superintendent may be appealed to the Transfer Appeal Board. The Assistant Superintendent will convene the Transfer Appeal Board upon the request of the applicant for applications submitted by the due dates stated in the timelines for transfer request. Requests submitted after the due date will not be considered until the following semester.

\_\_\_\_\_  
*Student’s Full Name (please print):* \_\_\_\_\_ *Current Grade* \_\_\_\_\_  
\_\_\_\_\_  
*Street Address* \_\_\_\_\_ Duluth, MN 55\_\_\_\_\_

I request my child transfer from: \_\_\_\_\_ to \_\_\_\_\_  
*Assigned School* *Requested School*

School year transfer request to become effective: \_\_\_\_\_ Semester:  One  Two

The Reason for this request is based on the following unique and compelling need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Minnesota State High School League ([www.mshsl.org](http://www.mshsl.org)) rules regulate eligibility of students in grades seven through twelve who transfer to a school other than the one in whose attendance area they reside. If your child participates in, or plans to participate in, high school athletics/activities and you feel an eligibility issue may affect your child, please contact the school athletic director for specific information before submitting this request.

\_\_\_\_\_  
*Parent/Guardian Name (please print):* \_\_\_\_\_ *Home Phone* \_\_\_\_\_ *Work/Cell Phone* \_\_\_\_\_

**READ BEFORE SIGNING:** I understand that if this request is approved, it is my responsibility to transport the student to and from the requested school or to and from an established bus stop serving the requested school. I also understand that if this request is approved, the rules of the Minnesota State High School League regarding transfers between secondary schools may affect my child’s eligibility for sports and activities.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Please return to:** Office of the Assistant Superintendent, Duluth Public Schools, 4316 Rice Lake Road-Suite 108, Duluth, MN 55811

<b>For District Use Only</b>	Date Application Received: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____
_____	_____
<i>Assistant Superintendent of Schools Signature</i>	<i>Date</i>
Student will be assigned to _____	on _____ at _____
<i>School</i>	<i>Starting Date</i> <i>Grade Level</i>