

2023-2024 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

1st: **2nd:** **3rd:**

This student has a sibling that will be attending the FIRST CHOICE school in 2023-2024:

Sibling Name			Birth Date		
Last (family)	First	Middle Initial	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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** () - **Alternate** () -
Area Code Area Code

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

Signature: **Date:** / /
Month Day Year

APPLICATION WINDOW DEADLINE

JANUARY 15, 2023

Applications received after January 15, 2023, will be processed as received.



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



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Once the school year begins, transfers will only be allowed at the start of trimesters based on space availability. After the third trimester begins, transfers will no longer be approved for the school year.