



# FOREST LAKE INDEPENDENT SCHOOL DISTRICT #831

## In-District Transfer Request to Attend Scandia Elementary School

Student(s) starting school on this date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian: \_\_\_\_\_

Child/Children: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: 550\_\_\_\_\_

Phone (including area code): (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

### REASON(S):

- We're building a home in this attendance area. Home completion date: \_\_\_/\_\_\_/\_\_\_.
- Our child/children have been attending this school. We request approval for them to continue.
- We're moving into this school's attendance area by this date: \_\_\_/\_\_\_/\_\_\_.
- Our daycare is in this attendance area.
- OTHER:** (Please be specific.) \_\_\_\_\_

### TRANSPORTATION REQUEST:

- Transportation is not requested. Child/children will be transported by private vehicle.
- Requesting school district bus transportation to and/or from school at:  
(Pending approval by Transportation Supervisor)

**PICK-UP:** \_\_\_\_\_

**TAKE HOME:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Date

### **Return this form to:**

Scandia Elementary, 14351 Scandia Trail N, Scandia, MN 55073

**PRINCIPAL'S RECOMMENDATION:**  Approve  Disapprove \_\_\_\_\_

Principal's Comments: \_\_\_\_\_ Principal's Initials

**Principal should fax this form to Donna Friedmann at x8135. Donna will send response letter to parents.**