

# 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

**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

Closed schools: Fernbrook Elementary and Maple Grove Senior High

**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 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

**PRIORITY APPLICATION WINDOW DEADLINE**

**JANUARY 15, 2023**

Applications received after January 15, 2023, will be considered in the order received based on space availability.

**?** 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:**

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**DATE RECEIVED**

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**STUDENT ID#**

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**ASSIGNED SCHOOL (C/A AND A/A)**

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**SIBLING PRIORITY (ID #)**

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**CHILDCARE PRIORITY (C/A AND A/A)**

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**EMPLOYEE PRIORITY (NAME)**

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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.