



Form EG-0104
**APPLICATION FOR IN-DISTRICT
 ENROLLMENT TRANSFER
 BETWEEN DISTRICT 621 SCHOOLS**

FOR YEAR _____

IN GRADE _____

PLEASE COMPLETE ONE FORM FOR EACH STUDENT TRANSFER REQUEST AND RETURN TO:

PRIYANKA RAI, ENROLLMENT OPTIONS MANAGER
 MOUNDS VIEW PUBLIC SCHOOLS
 4570 Victoria St N, Shoreview, MN 55126

Reason for this transfer request:

- Moved out of school attendance area but wish to continue attending. Date of move:** _____
- New Request – Does not currently attend requested school - requests placement for the following reason(s):**
 - Daycare: Daycare address** _____
 - Sibling (Please indicate siblings currently attending)**
 - Name _____ Grade _____ School _____
 - Name _____ Grade _____ School _____
 - 621 Staff Preference: Site parent works at** _____
 - Compelling educational reason home assigned school will not fit my student. Explain in detail:**

Student Name		Birthdate (MM/DD/YY)		Male/Female	
Address		City Zip		Primary Phone	
Parent/Guardian Name (Last, First, MI.)				Work Phone Cell/Pager	
Is there a current IEP?		Receiving ESL services			
YES NO		YES NO			
Assigned School of Attendance		Requested Schools of Attendance:			
		1. _____			
		2. _____			

The above information is true and correct to the best of my knowledge. If any of the information is found to be false, I understand that this transfer may be denied or withdrawn immediately. I also understand that approved in-district transfer agreements are continued dependent upon appropriate student behavior and attendance. I understand that this transfer application does not guarantee admission to the requested school.

*Transportation is NOT available for transfer enrollments.

 Parent/Guardian Signature

 Date

For office use only

Approved

Disapproved

Copies: _____ Home School

_____ Transfer School

_____ Parent

 SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY

 DATE