

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

PLEASE COMPLETE ONE FORM FOR EACH STUDENT TRANSFER REQUEST AND RETURN TO: PRIYANKA R.M. ENROLLAMENT OPTIONS MANAGER MOUNDS VIEW PUBLIC SCHOOLS 479 Victoria St. N. Shoreview, Mn. 55126 Reason for this transfer requests: Moved out of school attendance area but wish to continue attending. Date of move:		FC					OR YEAR			
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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										
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Sibling (Please indicate siblings currently attending) Name										
Name Grade School Name Grade School G2l Staff Preference: Site parent works at										
Name							School			
G21 Staff Preference: Site parent works at										
Student Name Birthdate (MM/DD/YY) Male/Female										
Address City Zip Primary Phone Parent/Guardian Name (Last, First, M.I.) Receiving ESL services YES NO Receiving ESL services 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 If any of the information is found to be false, I understand that this transfer may be denied or withdrawn immediately.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 Approved Copies: Home School Disapproved Transfer School Transfer School Disapproved Transfer School Transfer S	-								in detail:	
Is there a current IEP? YES NO Receiving ESL services 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 If any of the information is found to be false, I understand that this transfer may be denied or withdrawn immediately.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 Copies: Home School Transfer Schoo			Ci	у	Zip	Birthdate (MM/DD/YY)	Prima	·		
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☐ Approved Copies: Home School ☐ Disapproved Transfer School									Date	
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**			П	Disapproved					Transfer School	
			Ц	Disapproved					Parent	

DATE

SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY