



**White Bear Lake
Area Schools**

Intra-District Transfer Request Form

Student Name: _____ Birth Date: _____

Address: _____ City, State & Zip: _____

Parent/Guardian Name: _____

Email address: _____ Phone #: _____

Grade for 2024-2025 school year: _____ Does student have an IEP or 504 Plan? Yes No

Assigned Boundary School: _____ Requested School: _____

Are you currently an Open Enrolled Student? Yes No If yes, what school do you attend? _____

Reason(s) for request to transfer:

Student has a sibling already attending this school – Student Name: _____ Grade: _____

Day care is in the boundary area. Address/Name of day care: _____

Other: _____

****Requested school placement is based on space availability****

I understand that busing will not be provided, and I am responsible for transportation to the requested school.

Parent/Guardian Signature: _____ Date: _____

Please return completed form to: Hilary Farah

Fax:
651-407-7502

Mail:
4855 Bloom Avenue
White Bear Lake, MN 55110

Email:
hilary.farah@isd624.org

Office Use Only

Approved

Parent Notified: _____

Date Received: _____

Denied

Signature of Administrator: _____ Date: _____

*Reason for Denial

Lack of space in the building

Lack of space in a required program

Lack of space in grade level

Balance of class size in district