

## REQUEST FOR STUDENT TRANSFER Duluth Public Schools

(218) 336-8739

The Duluth Public School District is committed to high quality academic and development opportunities for all students within each of its elementary, middle school, and high school settings. Serving the unique student centered needs of each student is a primary value and evident in the "Duluth Public Schools experience." The district acknowledges that unique circumstances may exist giving consideration for a request to transfer to a site outside the family's attendance area. The parent/guardian may initiate the transfer request process by completing this transfer request form. The Assistant Superintendent, guided by School Board Policy 5040 and Regulation 5040R, with regard for teacher/student ratio, class size, classroom space and building populations, will allow or deny a transfer request after careful consideration of the application information.

Approved student transfer requests will be implemented either at the beginning of the school year or at the beginning of a school year's second semester. Transfer requests for the following school year must be submitted prior to April 30th. Second semester transfer requests must be submitted by December 1st.

Transfers not approved by the Assistant Superintendent may be appealed to the Transfer Appeal Board. The Assistant Superintendent will convene the Transfer Appeal Board upon the request of the applicant for applications submitted by the due dates stated in the timelines for transfer request. Requests submitted after the due date will not be considered until the following semester.

Student's Full Name (please print):	Current Grade		
		Duluth, MN 55	
Street Address			
I request my child transfer from:	to Requested School		
Assigned School	Requested Schoo	bl	
School year transfer request to become effective:	Semester: One	Two	
The Reason for this request is based on the following unique and co	ompelling need:		
NOTE: Minnesota State High School League (www.mshsl.org) rules regulate eligibi attendance area they reside. If your child participates in, or plans to participate in, h school athletic director for specific information before submitting this request.	igh school athletics/activities and you feel an el	igibility issue may affect your child, please contact the	
Parent/Guardian Name (please print):	Home Phone	Work/Cell Phone	
<b>READ BEFORE SIGNING:</b> I understand that if this request is approved, it is my resistop serving the requested school. I also understand that if this request is approved, may affect my child's eligibility for sports and activities.			
Parent/Guardian Signature	Date		
Please return to: Office of the Assistant Superintendent, Duluth P	Public Schools, 709 Portia Johnson Driv	ve, Duluth, MN 55811	
For District Use Only	Date A	Date Application Received:	
Approved 🔲 Not Approved			

L Approved L Not Approved	Assistant Superintendent of Schools Signature	Date	
Student will be assigned to	on at Starting Date Grade Level		