

Comments:

Mid Semester Transfer Request - Secondary Schools

If a secondary student (grades 6-12) wishes to transfer classes from in-person to eLearning or transfer schools/programs after the 10th day of school at the start of each semester, then a Mid Semester Transfer Request Form is required to be submitted to the Assistant Superintendent's office for review and determination. The only exceptions to this requirement are: when a family physically moves from one attendance area school to another attendance area school or when a change of placement has been determined by District Administration(such as Special Education or other District Wide Programs). Proof of your residency will be required for a physical move. Requests are not guaranteed and a determination will be made on a case by case basis.

| Student Name: | Grade Level: | Date: |
|---|--|--|
| Parent/Guardian Name: | | |
| Current School/ eLearning Course: | | |
| School/eLearning Course requesting transfer to:_ | | |
| Reason for requested change: | | |
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| Is your student involved in, or planning to be involved in, as | ny school sports or activities? | |
| YES | NO | |
| High school student athletes who are transferring from for Varsity participation for 365 days. Further informat directed to wayne.sawchuk@k12northstar.org . | | |
| Additional information: Families must return all district issued devices, te complete. | | |
| Students who transfer out of a school of choice we online lottery process. | iii jorjeit tneir seat ana wiii be | requirea to re-apply through the |
| I agree, by signing below, I am indicating that I appropriate potential consequences regarding eligibility for nothere are classes that do not transfer from one school transcript. I understand that all determinations are mapproval will be granted. | ny student's participation in to the next, my student will | activities. I am aware that if receive a 'WF' on their |
| Student's Signature | | / Date |
| Parent/Guardian's Signature | | / Date |
| School | District Use Only | |
| Principal's Signature | | / Date |
| Recommended | Not Recommended | |
| Assistant Superintendent's Signature | | / Date |

Denied

Approved