INDEPENDENT SCHOOL DISTRICT 196

Rosemount-Apple Valley-Eagan Public Schools

Educating, developing, and inspiring our students for lifelong success.

Series Number	502.4P	Adopted_	November 198	7 Revised	October 2024			
Title I	ntradictrict Stud	ant Transfor A	nnlication					
Title <u>I</u>	ntradistrict Stud	ent Transfer A	pplication					
District 196, and	if you would like	that child to a	ttend a school ot	her than the child's	o lives in Independent S attendance area school Student Information			
				t, Rosemount, MN				
Supervisor, much	Jendent School	District 190, 3-	133 133 3t. Wes	t, Rosemount, Will	33008 .			
Grade Level	Reason for Tr	ansfer	Dea	Deadline				
K-5		blish residency		Any time (but not before four years of age)				
K-5	Parent/guard		•	December 15 (but not before four years of age)				
6-8		blish residency		Any time (but not before 5 th grade)				
6-8	Parent/guard		•	December 15 (but not before 5 th grade)				
9-12		blish residency		Any time (but not before 8th grade)				
9-12	Parent/guard		•	December 15 (but not before 8 th grade)				
	adult student	request						
9-12	11 th or 12 grade student to		Any	Any time (but not before 11 th grade)				
	remain at cur	rent school	•	•				
K-12	Attendance a	rea adjustmen	t Dec	ember 15				
502, Student Trai		orint. Complet	e a separate forr	n for each student.				
Student's name			Grade le	vel next school yea	r ID number			
Parent or guardia	n name (last, fir	st, middle)						
Parent or guardia	ın address (stree	t, city, zip code	2)					
Parent or guardia	nn telephone nur	mber(s) with ar	rea code (home)	(wo	ork) (cell/page	r)		
School of residence			School r	School requested for next school year				
Requested date f	for transfer to be	egin:		(NOTF: Fxc	ept for transfers based on	intent		
to establish reside	ncy, the ending do ool student's 8 th g	ate of the trans trade year or a	high school studer	than the end of an	elementary student's 5 th For transfers based on in	grade		

Reason for Request:		Intent to establish residency (please specify new address if not listed above, and attach a copy of the purchase or lease agreement, or other legal document that shows intent to change residence):							
		Parent/guardian/adult student request							
		11th or 12th grade student to remain at current school (please specify):							
		Attendance area adjustment options as authorized by the School Board							
The above information is true and correct to the best of my belief and knowledge.									
X									
Parent, guardian or adult student signature Date									
(NOTE : Notification of final approval will come only from the District 196 Student Information Department.)									
DISTRICT USE ONLY									
Date application received									
Transfer based on intent to establish residency, 11 th or 12 th grade student to remain at current school, parent/guardian/adult student request or attendance area adjustment:									
		App	proved	Denied					
The student will be enroll	ed in:								
School			Grade le	evel	Beginning (date)				
X									
Signature of student info	rmatio	n supervisor		Date					
Distribution:									
Parent, guardian or adult student Principal of school of residence Student's cumulative folder Principal of requested school									