



**APPLICATION FOR IN-DISTRICT
ENROLLMENT TRANSFER
BETWEEN DISTRICT 621 SCHOOLS**

FOR YEAR _____

IN GRADE _____

PLEASE COMPLETE ONE FORM FOR EACH STUDENT TRANSFER REQUEST AND RETURN TO:

KARA MERRIFIELD, ENROLLMENT OPTIONS MANAGER
MOUNDS VIEW PUBLIC SCHOOLS
4570 Victoria St N, Shoreview, MN 55126

Reason for this transfer request:

Moved out of school attendance area but wish to continue attending. Date of move: _____

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 _____ Grade _____ School _____

Name _____ Grade _____ School _____

621 Staff Preference: Site parent works at _____

Compelling educational reason home assigned school will not fit my student. Explain in detail:

Student Name		Birthdate (MM/DD/YY)		Male	Female
Address			City	Zip	Cell Phone (Primary)
Parent/Guardian Name (Last, First, M.I.)				Work Phone	
Is there a current IEP?		Receiving ESL services		YES	NO
				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 If any of the information is found to be false, I understand that this transfer may be denied or withdrawn immediately.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

Home School

Denied

Transfer School

Parent

SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY

DATE