



Form EG-0104  
**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	Primary Phone
Parent/Guardian Name (Last, First, MI.)			Work Phone Cell/Pager
Is there a current IEP? YES      NO		Receiving ESL services 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 If any of the information is found to be false, I understand that this transfer may be denied or withdrawn immediately.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

Disapproved

Copies: \_\_\_\_\_ Home School  
 \_\_\_\_\_ Transfer School  
 \_\_\_\_\_ Parent

\_\_\_\_\_  
 SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY

\_\_\_\_\_  
 DATE