CHISAGO LAKES SCHOOL DISTRICT
Engage. Educate. Empower.

Intra-District Transfer Request Form

Requested Start Date: _____

Student Name: _____ Student Grade at that time: _____

Student Address: _____ City: _____ ZIP: _____

Parent / Guardian Name: _____

Email Address: _____ Phone Number: _____

Assigned Boundary School or Current School: _____ Requested School: _ _____

Does the student have an IEP or 504 Plan? YES ○ NO ○

Is the student currently an Open Enrolled student (live outside the district boundaries)? YES ○ NO ○

Reason(s) for request to transfer:

- ☐ Already have a student attending this school – Student Name: _____ Grade: _____
- ☐ Day care is in the boundary area. Address of day care: _____
- ☐ Online school
- ☐ Other: _____

Requested school placement is based on space availability

☐ ***I understand that busing will not be provided if requesting a transfer to a school that is not my assigned boundary school or to an online school.***

Parent / Guardian signature: _____ Date: _____

Please return completed form to the office of your requested school.

Office Use Only:	
☐ Approved ☐ Denied for: ☐ Lack of space in the building ☐ Lack of space in the grade level ☐ Lack of space in a required program ☐ Balance of class size in the district	Date received: _____ Principal approval: _____ Approved start date: _____ Parent notified: _____