REQUEST for STUDENT INTRA-DISTRICT TRANSFER FORM

Duluth Public Schools

218-336-8739

Intra-district transfers are when a student lives inside the boundaries of Duluth Public Schools, but would like to attend a different school than the one assigned by address. These requests are approved or denied based on many factors, including, but not limited to, class size limitation, building capacity, student needs, current attendance rate, and student to teacher ratio.

- An approval or denial should be expected within 15 calendar days of form submission.
- Approved requests will be implemented either at the start of the school year or at the beginning of second semester.
- An applicant can appeal the decision according to Policy 542 if application is denied.
- Intra-district transfer requests for the following school year must be submitted prior to **February 1st.**
- Intra-district transfer requests for the upcoming school year for kindergarten must be submitted by **March 15th.**
- Second semester transfer requests must be submitted by **December 1st.**
- Intra-district transfer requests for new to district (not currently enrolled) students will be considered as received.

_____ _____

Student's Full Name (please print) Requested Enrollment Grade

_____ Duluth, MN 55_____

Street Address Zip Code

I request my child transfer from _____ to _____

Assigned School / Program Requested School / Program

Check priority reason for request:

☐ Sibling(s) currently attend requested school ☐ Student's childcare is in requested school's attendance area

☐ Student is not currently enrolled in the district ☐ Parent workplace location in requested school's attendance area

☐ Student is child of a staff member at requested school ☐ Spanish Immersion ☐ Ojibwe Immersion

☐ Due to KEY Zone capacity ☐ Other _____

PLEASE NOTE:

- Spanish immersion students will be enrolled at assigned feeder schools, which is based on current home address.
- MN State High School League (www.mshsl.org) rules regulate eligibility of students in grades 7-12 who transfer to a school other than the one in whose attendance area they reside. If your child participates in, or plans to participate in, high school athletics/activities and you feel an eligibility issue may affect your child, please contact the school athletic director for specific information before submitting this request.

READ BEFORE SIGNING: If this intra-district transfer is approved, I understand:

- It is my responsibility to transport the student to and from the requested school.
- The rules of the Minnesota State High School League regarding transfers between secondary schools may affect my child's eligibility for athletics and activities.
- An approved intra-district transfer expires at the end of 5th grade and the end of 8th grade. To continue attendance at a school that is not assigned by address from an elementary to a middle school or a middle school to a high school, a new intra-district transfer request must be submitted by designated timelines.
- Consistent attendance, as defined by attending 90% or more of enrolled days, must be maintained while attending requested school/program or the approved intra-district transfer may be revoked. Excused, unexcused, and partial day absences count towards the consistent attendance rate.

Submit form to:

Email Form: Enrollment Center at enroll@isd709.org ***or***

Deliver Form: Enrollment Center Duluth Public Schools 709 Portia Johnson Drive Duluth, MN 55811

_____ _____ _____

Parent / Guardian Name (please print) Cell Phone Work Phone

_____ _____

Parent / Guardian Signature Date

OFFICE USE ONLY

CONSIDERATION CHECKLIST

Is student currently enrolled in the district? ☐ **YES** ☐ **NO**

Note any special circumstances with this new enrollment? _____

Current Infinite Campus "Chronic Absenteeism Information" rate? _____ (Date Data Accessed: _____)

"Chronic Absenteeism" rate accessed in Infinite Campus through student attendance; target percentage of < 10%

Prior Spanish or Ojibwe Immersion enrollment? ☐ **YES** ☐ **NO** ☐ **Not Applicable**

If yes, which grade level & location? Grade Level _____ Location _____ Proficiency Exam Required ☐ YES ☐ No

Is the student identified as FIT? ☐ **YES** ☐ **NO**

If yes, date of FIT Coordinator notification? DATE: _____

Does the student have an IEP? ☐ **YES** ☐ **NO**

If yes, date special education notified of transfer request IEP? DATE: _____

If transfer request notes bullying/harassment, has principal been consulted? ☐ **YES** (Date:_____) ☐ **NO**

Note from Principal _____

Application Notes - (If applicable, such as Immersion, IEP, FIT, or other considerations):

☐ **APPROVED**

Assigned School: _____ Assigned Grade Level: _____

Assigned Program at School (if applicable): _____

Effective: School Year_____ Semester: ☐ **One** ☐ **Two**

☐ **DENIED** ***Reason for Denial:***

Building Capacity _____

Grade Level Class Size _____

Program Capacity _____

Chronic Absenteeism Rate_____

(Chronic Absenteeism Rate; target <10% as calculated in Infinite Campus)

Other _____

If denied: **IF APPLICABLE, ALTERNATIVE PLACEMENT RECOMMENDATION**

First Recommended Alternative School: _____ Assigned Grade Level: _____

Second Recommended Alternative School: _____ Assigned Grade Level: _____

Notes for Recommendation(s): _____

_____ _____

Assistant Superintendent Signature *Date*