

INDEPENDENT SCHOOL DISTRICT 271
Bloomington, MN
PARENT REQUEST FOR INTRA-DISTRICT STUDENT TRANSFER – ELEMENTARY

STUDENT _____ BIRTHDATE _____ GENDER _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE _____ E-MAIL ADDRESS _____

REQUEST TRANSFER FROM _____ TO _____
Present School Requested School (1st Choice)

(Second Choice – Optional) (Third Choice – Optional)

GRADE STUDENT WILL BE IN WHEN TRANSFER OCCURS _____ STARTING DATE _____

REASON FOR REQUEST:

Level 1 Priority

___ Sibling of a student currently enrolled at the site requested. (Parent/guardian must provide transportation.)

___ Current daycare in attendance area requested. (Transportation may be provided by the district when routes are available.)
Daycare address: _____

___ Full-day kindergarten space not available in home attendance area. (Parent/guardian must provide transportation.)

___ Currently live in the attendance area requested but moving to a new attendance area. (Parent/guardian must provide transportation. Family must provide evidence of new residence. The transfer will not be granted until the move occurs.) Moving Date: _____

Level 2 Priority

___ Academic Programming interest. (Parent/guardian must provide transportation). Please specify reason:

___ Other. Please specify: _____

Date _____ Parent/Guardian Signature _____

OFFICE ROUTING

1. Assigned School Principal – Recommendation Y N Date _____ Signature _____

2. Requested School Principal – Recommendation Y N Date _____ Signature _____

3. Ass't Superintendent – Decision: ___ Approve ___ Deny Date _____ Signature _____

Reason the transfer was denied (if applicable): _____
