

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

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

REQUEST TRANSFER FROM \_\_\_\_\_ TO \_\_\_\_\_  
Home Attendance Area Requested School (1<sup>st</sup> Choice)

\_\_\_\_\_  
(Second Choice – Optional)

GRADE STUDENT WILL BE IN WHEN TRANSFER OCCURS \_\_\_\_\_ STARTING DATE \_\_\_\_\_

CHECK ALL THAT APPLY

\_\_\_\_\_ Receiving IEP Services \_\_\_\_\_ Receiving ESL Services \_\_\_\_\_ Receiving 504 Services

REASON FOR REQUEST:

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

\_\_\_\_\_ Requested school is closer to home address. (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: \_\_\_\_\_

\_\_\_\_\_ 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): \_\_\_\_\_

Families completing a paper copy of this form should submit the form to the school they would be assigned to in the absence of a transfer.