



Intra-District Transfer Request

Request for School Year: _____

Student Name: _____ Birth Date: _____

Student Address: _____ City: _____ Zip : _____

Parent/Guardian Name: _____

Email address: _____ Cell Phone: _____

Grade for upcoming school year: _____ Does student have an IEP or 504 Plan? YES NO

Assigned Boundary School: _____ Requested School: _____

Are you currently an Open Enrolled student? YES NO If yes, what school do you attend? _____

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: _____

Other: _____

*****Requested school placement is based on space availability*****

I understand that busing will not be provided, and I am responsible for transportation to the requested school.

Parent/Guardian Signature: _____ Date: _____

Please return completed form to: Jodi Davis

Fax:
651-213-2050

Mail:
29678 Karmel Ave.,

Email:
JDavis@isd2144.org

Chisago City, MN 55013

Office Use Only:

Date Received: _____

Approved

Parent notified _____

Principal Approval _____

Denied

*Reason for Denial:

Lack of space in the building

Lack of space in a required program

Lack of space in grade level

Balance of class size in district