



**ELEMENTARY AND MIDDLE SCHOOL
INTRA-DISTRICT TRANSFER REQUEST FORM**

For parents/guardians of students who want their child(ren) to attend a different elementary or middle school within District 112

Student's Full Name (please print)

Current Grade

I request my child transfer from: _____
Assigned School
to _____
Requested School

School year transfer request to become effective: 2017-18 school year OR Other _____

Will this student have a sibling attending the requested school the effective year? NO YES

If YES, what is the _____ & _____
Name of the Sibling *Current Grade*

Reason for Request:

PRINT _____
Parent/Guardian Name(s) *Home Phone* *Work or Cell Phone*

Address *City* *Zip Code*

READ BEFORE SIGNING

I understand if this request is approved, the transfer will remain in effect for the remainder of the student's career at the grade level (elementary or middle school) requested.

I understand that if this request is approved, it is my responsibility to transport the student to and from the requested school or to and from an established bus stop serving the requested school.

Signature of Parent/Guardian

Date

Transfer requests for the following school may be submitted at any time to:

*Welcome Center
Attn: Intra-District Transfer
11 Peavey Road Chaska, MN 55318*

School Use Only

Date Received

Approved

Disapproved

Authorized Signature

Student assigned to _____ starting on _____ at _____
Date *Grade Level*

If Approved Notify _____ Student Accounting Specialist _____ Welcome Center Coordinator _____ Transportation Dept. _____ Superintendent's Office