



HIGH SCHOOL
INTRA-DISTRICT TRANSFER REQUEST FORM

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

Student's Full Name (please print)

Current Grade

I request my child transfer from:

Assigned High School

to

Requested High School

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

Will this student have a sibling attending the requested high 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 high school career.***

***** 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.***

***** I also understand that if this request is approved, the rules of the Minnesota State High School League regarding transfers between secondary schools may affect my child's eligibility for sports and activities.***

Minnesota 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 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.

Signature of Parent/Guardian

Date

Transfer requests for the following school year must be submitted by **January 15** to:
(requests after January 15 can be submitted to the same for consideration)

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

School Use Only

Date Received

Approved

Disapproved

Authorized Signature

Student assigned to

High School starting on

Date

at

Grade Level

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