



**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: 2019-20 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