Robbinsdale Area Schools
SCHOOL TRANSFER FORM
School Year 2019-2020

ROBBINSDALE Area Schools
Individual focus. Infinite potential.

Please return completed form to:
Robbinsdale Area Schools Student Services, 4148 Winnetka Ave N, New Hope, MN 55427
or by fax to 763-504-8081

All transfer requests are subject to space availability, date received, and priority order.

Parent/Guardian 1 Name (Last, First, M.I.) ☐ Employee of ISD 281	Home Phone: ( ) - Work Phone: ( ) -	Cell Phone: ( ) - Email:
Parent/Guardian 2 Name (Last, First, M.I.) ☐ Employee of ISD 281	Home Phone: ( ) - Work Phone: ( ) -	Cell Phone: ( ) - Email:

Parent/Guardian Address	City	Zip Code

Student Name (Last, First, M.I.)	Birthdate: Mo ____ Day ____ Yr_____	Gender: M ☐ F ☐

School Currently Attending or Last Attended	Grade Level in 2019-2020	Special Needs / Active IEP/ English Language Learner (to determine appropriate placement)

Reason for Request: (Please include sibling attending, day care, etc.)

☐ Sibling (defined as a child who shares at least one parent or legal guardian with another child who is currently enrolled at the same school at the time of application and will be enrolled at the same school with the applicant) Sibling Name(s) (Last, First, M.I.): _____

☐ Other:

List school choice(s) in order of priority:

1. _____
2. _____
3. _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.
I also acknowledge that I am responsible for providing transportation to and from any non-magnet school outside my attendance area.

_____ _____
Signature – Parent/Guardian *Date*

For office use only

Date and Time Application Was Received	Date Parent / Guardian Notified	Date Approval Expires

_____ _____
Signature of Responsible Authority Date

Approved to Attend _____ on_____ at_____
School Building Name Starting Date Grade Level

Attendance Area School _____
List School OR District (if Non-281 Student)

Request Code _____

Reason for Denial (if Applicable):

Further Information: Contact the Enrollment Center at 763-504-8080