

**Robbinsdale Area Schools
SCHOOL TRANSFER FORM
School Year 2018-2019**



**Please return completed form to:
Robbinsdale Area Schools Student Services, 4148 Winnetka Ave N, New Hope, MN 55427
or by fax to 763-504-8976**

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

Parent/Guardian 1 Name (Last, First, M.I.) <input type="checkbox"/> Employee of ISD 281	Home Phone: () - Work Phone: () -	Cell Phone: () - Email:
Parent/Guardian 2 Name (Last, First, M.I.) <input type="checkbox"/> 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 <input type="checkbox"/> F <input type="checkbox"/>
School Currently Attending or Last Attended	Grade Level in 2018-2019	Special Needs / Active IEP/ English Language Learner (to determine appropriate placement)
Reason for Request: (Please include sibling attending, day care, etc.) <input type="checkbox"/> 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.): _____ <input type="checkbox"/> 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
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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 _____
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Reason for Denial (if Applicable):