Shakopee PUBLIC SCHOOLS
EDUCATION FORWARD
District Office - 1200 Town Square
Shakopee, MN 55379

Intra-District Transfer Request Form

Return the completed form the District Office

Considerations for transfer requests are outline in District procedure 5.1. Deadline for initial consideration is April 15th prior to the upcoming school year.

Today's Date _____

Student Name _____

*** Primary Home Address** _____

City _____ **State** _____ **Zip** _____

Phone: _____ *** School Based on Boundaries** _____

**** If your address does not fall within the Shakopee Public Schools attendance area, stop here. You must complete an Open Enrollment Form.***

I request that my child be permitted to attend:

___ East Middle School ___ Eagle Creek Elementary ___ Red Oak Elementary ___ Sweeney Elementary

___ West Middle School ___ Jackson Elementary ___ Sun Path Elementary

For School Year _____ **Grade Level** _____ **Requested Start Date** _____

Reason for your request: (Check One)

_____ **** Childcare** (*If choosing Childcare, please fill in the Childcare box below and complete an Alternate Address Transportation Application*)

_____ **Continuation of Current Enrollment** _____ **Family** _____ **Personal** _____ **Other**

Please Explain (Required) _____

_____

_____

**** CHILDCARE** (An ***Alternate Address Transportation Application*** must be completed in addition to this form).

Name of Childcare Facility _____ Phone: _____

Childcare Address _____

Provider Name/Contact _____

I understand that ***I am responsible for transporting my child on time to and from the requested school.***

_____ _____ _____

(Parent/Guardian **Print Name**) (Parent/Guardian **Signature**) (Date)

***** FOR OFFICE USE ONLY *****

____ **Request APPROVED:**

- **Parent is responsible for on-time transportation before and after school**
- **Student must adhere to behavior expectations.**
- **In place until grade 5 or grade 8 and continues for duration of grade levels at receiving school (5th or 8th)**
- **A new form is required when moving from Elementary to Middle School**

____ **Request DENIED: Reason** _____

_____ _____

Superintendent **Date**