



21-22 Intra-District Transfer Request Form

Return the completed form to the District Office or the office of your student's current school.

Note - Transportation for all approved Intra-District transfer requests is the responsibility of the parents/guardians.

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 School District boundaries, stop here. You will need to complete an Open Enrollment Form instead.**

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 section below*
 Continuation of Current Enrollment
 Family
 Personal
 Other

Please Explain (Required) _____

**** CHILDCARE - For grades K-5 only** - *If needing transportation to/from the childcare location, an **Alternate Address Application** form must be completed and can be found on the District's website under Departments > Transportation > Transportation Forms. Note – To qualify for busing eligibility, the childcare location must fall in the boundaries of the requested school and must meet the elementary distance qualifications for busing.*

Name of Childcare Facility _____ Phone: _____

Childcare Address _____

Provider Name/Contact _____

IMPORTANT REMINDERS

- Request in place until grade 5 or grade 8 and continues for duration of grade levels at receiving school.
- A new form is required when moving from Elementary to Middle School

Please check the line below before signing:

____ I understand that I am responsible for the transportation for my student to and from the requested school. I am aware that if attendance/tardiness becomes an issue, this request may be rescinded.

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

<u>FOR OFFICE USE ONLY</u>	
<input type="checkbox"/> Request Approved	_____
<input type="checkbox"/> Request Denied - Reason	_____
_____	_____
Assistant Superintendent	Date