



**HIGH SCHOOL
INTRA-DISTRICT TRANSFER REQUEST FORM**

For parents/guardians of **high school** students
who want their child(ren) to attend a different school within District 112

Student's Full Name (please print)

Current Grade

I request my child transfer from: _____
Assigned High School

to _____
Requested High School

School year transfer request to become effective: _____

Does this student have a sibling attending the requested school? No Yes _____
Name Grade

The reason for this request is: _____

NOTE: *Minnesota State High School League (www.mshsl.org) rules regulate eligibility of students in grades 7 through 12 who transfer to a school other than the one in whose attendance area they reside. If your child participates in, or plans to participate in, high school athletics/activities and you feel an eligibility issue may affect your child, please contact the school athletic director for specific information before submitting this request.*

PRINT Parent/Guardian Name

Home Phone

Work/Cell Phone

Address

City

Zip Code

Read before signing

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.

I also understand that if this request is approved, the rules of the Minnesota State High School League regarding transfers between secondary schools may affect my child's eligibility for sports and activities.

Signature of Parent/Guardian

Date Submitted

Return this form by January 15 to: Superintendent of Schools
Schools of Eastern Carver County
11 Peavey Road
Chaska, MN 55318

For school use only

Date application received _____

APPROVED

DISAPPROVED

Signature

Date

Student will be assigned In _____ on _____ at _____
School Starting Date Grade Level

Form Distribution

1 – Assigned School

1 – Requested School

1 – Transportation