

Intradistrict Transfer Request Form

Please complete this form if you are requesting that your student attend a school in Northfield that is located outside your home school boundary. Effective with the 2008–09 school year, Intradistrict Transfer Requests are valid for the school year identified on the form. Reapplication is required each year. If you have questions regarding completion of this form, please call 507.645.3445. Please return this form to: Northfield Public Schools, District Office – Student Information Systems, 1400 Division Street South, Northfield, MN 55057.

Parent/Guardian Name (Last, First,	Middle Initial)	
Home Phone	Work Phone	
Parent/Guardian Address		
Student's Legal Name (Last, First, M.	liddle Initial)	
THIS FORM APPLIES TO INC	OICATED SCHOOL YEAR ONLY. REAP	PLICATION REQUIRED EVERY YEAR.
School Year & Corresponding Grad	e Date of Birth	Gender
Home School Name	Requested Scho	ool Name
Special Needs (if any)		
Reason for Request (If you have ind	icated daycare is the reason, please fill out the o	daycare information below.)
Parent/Guardian Signature		Date
the grade level. Daycare Guidelines: Students are assigned to a school ba facility under the following guidelin • Students must always be picked	used on their home address. Transportation w nes. If up and dropped off at the same location.	ill be provided for those who attend a daycare
	om a daycare facility located in the requested	
•	•	act Person
Phone Number	Address	
For Office Use Only ☐ APPROVED for the At this time, the district is unable to request for the following reason(s):	'	Date Forms Sent □ Parents/Guardian □ School □ Transportation □ File
School Official Signature	☐ Lack of capacity in a class.	Notes
	Date	