

20-21 SCHOOL YEAR REQUEST TO TRANSFER SCHOOLS

Forms are due to the Administrative Office by January 15, 2020.

Today's Date	Date Received (office use only)	
Student Name	Name Birth Date	
Student Address	City	Zip
Parent(s) Name	Phone	
Email address:		
Grade for 2020-2021 school year	Does student ha	ve an IEP or 504 Plan?
Assigned School	Requested School	ol
Reason(s) for transfer:		
Already have a student attending thi	s school – Student Name	Grade
Attend preschool in this building	Moved to new address	
 Placement is based on space av For requests received by 1/15/20 determine placement. Applicant For requests received after 1/15/notified once placement has been Transfer will not occur without ap 	20: If there are more requests than some serial be notified by mid to late February 20: Requests will be reviewed on an approved or a wait list has been exproval from the Building Principal and	paces available a lottery will be held to uary. a date of receipt basis. Applicants will be established.
Parent signature		
Please return completed form to: Deb Pauly 1001 Highway 7 Hopkins. MN 55305 Ph:952.988.4027 Fax:952.988.4108 Deb.Pauly@HopkinsSchools.org		
Assigned School	Requested School	Admin Services
• •	☐ Approved	☐ Approved
	☐ Denied	☐ Denied
	Date	Date Admin
Principal	Principal	Parent notified Parent accept/decline
Date sent to bldg.	Date sent to bldg	Bldg/Enrollment notified
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