

REQUEST FOR STUDENT TRANSFER

Duluth Public Schools
(218) 336-8739

The Duluth Public School District is committed to high quality academic and development opportunities for all students within each of its elementary, middle school, and high school settings. Serving the unique student centered needs of each student is a primary value and evident in the "Duluth Public Schools experience."

The district acknowledges that unique circumstances may exist giving consideration for a request to transfer to a site outside the family's attendance area. The parent/guardian may initiate the transfer request process by completing this transfer request form. The Assistant Superintendent, guided by School Board Policy 5040 and Regulation 5040R, will make decisions based on the integrity of information provided.

According to School Board Regulation 5040R, "Student transfer requests will be implemented either at the beginning of the school year or at the beginning of a school year's second semester. Transfer requests for the following school year must be submitted prior to **April 30th**. Second semester transfer requests must be submitted by **December 1st**. District Administration may determine exceptions to these timelines."

Student's Full Name (please print): _____ Current Grade _____

Street Address _____ Duluth, MN 55 _____

I request my child transfer from: _____ to _____
Assigned School Requested School

School year transfer request to become effective: _____ Semester: One Two

The Reason for this request is based on the following unique and compelling need: _____

NOTE: Minnesota State High School League (www.mshsl.org) rules regulate eligibility of students in grades seven through twelve 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.

Parent/Guardian Name (please print): _____ Home Phone _____ Work/Cell Phone _____

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.

Parent/Guardian Signature _____ Date _____

I am aware of this intent to transfer request: _____
Building Principal Signature

Please return to: Office of the Assistant Superintendent, Duluth Public Schools, 215 North First Avenue East, Duluth, MN 55802

For School District Use Only Date Application Received: _____

Approved Not Approved

Assistant Superintendent of Schools Signature _____ Date _____

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