St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Inter-District Transfer Form

For office use only:
Student # _____

Effective Date of Open-Enrollment_____ Grade _____

Student's Legal Name _____ Nickname_____
Last First Middle

☐ Male ☐ Female Birth Date_____ Student ID # _____

Street Address _____ PO Box _____ Apt, Lot #_____

City _____ State _____ Zip Code_____ Home Phone _____

PRIMARY PARENT/GUARDIAN #1

Name_____

Mobile Phone _____ Work Phone _____

Email_____

PRIMARY PARENT/GUARDIAN #2

Name_____

Mobile Phone _____ Work Phone _____

Email_____

School student should attend (by home address) _____

School student would like attend _____

REASON FOR INTER-DISTRICT OPEN ENROLLMENT

Childcare: ☐ Yes ☐ No ***If YES, student must be picked up AND dropped off from childcare address.***

Name of childcare provider_____ Phone Number _____

Street Address _____ City _____ Zip Code _____

Other: ☐ Yes ☐ No ***If YES, parent must provide transport for student to and from school.***

Please explain:

Parent/Guardian Signature _____ Date_____

Serving Principal's Approval _____ Date_____

Resident Principal's Approval _____ Date_____