

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 30<sup>th</sup>**. Second semester transfer requests must be submitted by **December 1<sup>st</sup>**. 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](http://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 \_\_\_\_\_

**For School Use Only**

I am aware of this intent to transfer request: \_\_\_\_\_  I support  I do not support  
Principal Signature (Assigned School)

Rationale for supporting or not supporting request: \_\_\_\_\_

I am aware of this intent to transfer request: \_\_\_\_\_  I support  I do not support  
Principal Signature (Requested School)

Rationale for supporting or not supporting request: \_\_\_\_\_

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

**For 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