

# 2021-2022 IN-DISTRICT TRANSFER APPLICATION

## 1. STUDENT INFORMATION

**Legal Name:**   
EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE OR OTHER LEGAL DOCUMENT

Last (family)  First  Middle

**Gender:**  Male  Female

**Birth Date:**  /  /   
STUDENT MUST BE AGE 5 on or BEFORE SEPTEMBER 1st

**Applying For Grade:**

**Current or Last School Attended:**

**Requested Start Date:**  /  /   
Month / Day / Year

## 2. FAMILY APPLICATION (Optional) (Application required for each sibling)

The following siblings of this student are applying to the same school(s). Please process their applications as a family. If the siblings are processed as a family, and all siblings cannot be approved to the same school, then none of the applications for the family will be approved. **Note:** Requesting that your students' applications be processed together as a family may decrease the chances of approval to your selected schools.

**Siblings applying to the same school (List more on back if necessary):**

Sibling Name			Birth Date		
Last (family)	First	Middle Initial	Month	Day	Year
<input type="text"/>					
<input type="text"/>					

## 3. SCHOOL CHOICE - List school choices in order of preference

**1<sup>st</sup>:**  **2<sup>nd</sup>:**  **3<sup>rd</sup>:**

**This student has a sibling that will be attending the FIRST CHOICE school in 2021-2022:**

Sibling Name			Birth Date		
Last (family)	First	Middle Initial	Month	Day	Year
<input type="text"/>					

**This student has a childcare provider in the attendance area of the FIRST CHOICE school:**

**Childcare Provider Name:**  **Telephone:** (  ) -   
Area Code

**Address:**   
Number and Street Apt.

City State Zip Code

## 4. BIOLOGICAL PARENT/LEGAL GUARDIAN INFORMATION

**Biological parent/legal guardian**

Last (family)  First  M.I.

**Address:**   
Number and Street Apt.

City State Zip Code

**Email:**

**Telephone:** **Primary** (  ) -  **Alternate** (  ) -   
Area Code Area Code

Is the student's biological parent/legal guardian a District 279 employee?  Yes  No

**Signature:**  **Date:**  /  /   
Month / Day / Year

**APPLICATION WINDOW DEADLINE FOR TRI III**

**February 21, 2022**



If you need help with this application, please call (763) 585-7350.

Si necesita ayuda en español para llenar esta forma, por favor llame al siguiente número de teléfono: (763) 549-2444.

Yog koj xav tau kev pab los yog muaj lus nug txog daim ntawv no, thov hu rau tus xov tooj (763) 585-7320.

**Send this application to:**

Enrollment Center  
 ISD 279 - Osseo Area Schools  
 7051 Brooklyn Boulevard  
 Brooklyn Center, MN 55429

Fax: (763) 585-7368

Email: enrollmentcenter@district279.org

**FOR OFFICE USE ONLY:**

DATE RECEIVED

STUDENT ID#

ASSIGNED SCHOOL (C/A AND A/A)

SIBLING PRIORITY (ID #)

CHILDCARE PRIORITY (C/A AND A/A)

EMPLOYEE PRIORITY (NAME)

OSSEO AREA SCHOOLS

ISD 279