



INDEPENDENT SCHOOL DISTRICT 719
Prior Lake-Savage Area Schools

2019-20 IN DISTRICT TRANSFER FORM

Date: _____

Student Name				School Year: _____
_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Student's Grade for above year: _____	

Parent/Guardian Name: _____

Home Address: _____

Circle School Area for Home Address: La ola del lago Five Hawks Glendale Grainwood Jeffers Pond Redtail Ridge
WestWood

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Present School Attending
(circle one if applicable)

La ola del lago	Jeffers Pond
Five Hawks	Redtail Ridge
Glendale	WestWood
Grainwood	

Elementary School Requested to Attend
(Please rank in order of your preference 1-3, with 1 being the first choice)

_____ La ola del lago (K-5)	_____ Jeffers Pond (K-5)
_____ Five Hawks (K-5)	_____ Redtail Ridge (K-5)
_____ Glendale (K-5)	_____ WestWood (K-5)
_____ Grainwood (K-5)	

Please fill in A or B below:

A. If this request is for a sibling of a student participating in special programs, please indicate the program:

SAGE

La ola de lago

Special Education

B. If this request is for any other reasons , please list the reason:

Note: Parents are responsible for providing transportation when their residence lies outside the neighborhood school boundaries.

Parent/Guardian Signature: _____

For District Use Only:

APPROVE

DENY

Present School Area Principal Approval: _____ Date: _____

Requested School Area Principal Approval: _____ Date: _____

- Present School Copy
- Requested School Copy
- Transportation Copy
- Parent/Guardian Copy

Please Return this form to the elementary school principal at the school in which your student currently attends or the District Services Center

**The district reserves the right to terminate a transfer agreement.*