



FARMINGTON
AREA PUBLIC SCHOOLS

In-District Transfer Request Form (One form per student)

Please use this form to submit requests to attend any school other than your boundary school. Requests submitted by January 15th will be entered into a lottery. Any forms received after the lottery deadline will be considered on a first come, first served basis. Certain grade levels, at certain schools may be at capacity and closed for transfer requests. Parents/Guardians will be notified of the status of their request as soon as possible, but no later than August 15th. All fields **MUST** be filled out, otherwise the form will be returned to you for completion.

Date _____

Parent/Guardian Name: _____

Address: _____

Email: _____ Daytime Telephone: _____

Boundary School: _____

Reason for Transfer (Do NOT leave blank): _____

Student Name (Last, First): _____ Grade: _____

1st Choice: _____ 2nd Choice _____ 3rd Choice: _____

Does this student currently have a sibling attending this building OR a parent employed by ISD 192? ☐ Y ☐ N

Mail to:
ISD192 District Office
20655 Flagstaff Ave
Farmington, MN 55024

Fax to:
651-463-5071

Email to:
MARSS@farmington.k12.mn.us

By signing this form, it certifies that I understand that the student listed above is not guaranteed a spot in a choice school, but guaranteed a spot in the District. I also understand that the student listed above will not be provided bus transportation under the regular rules and guidelines.

X _____

Office Use Only Date Received: ____