



REQUEST FOR BUILDING / SCHOOL REASSIGNMENT

Dear Parent/Guardian:

If you would like your child to be considered for a **transfer to another ISD 199 school** please complete and return this form.

We **cannot guarantee** a transfer for your child. Your request will be considered through use of the following guidelines:

1. Availability of space and current class sizes at the school being requested
2. Sibling/s attending the requested school
3. Verified daycare located in the requested school's attendance area (Elementary Only)
4. The educational needs of your child
5. Current elementary attendance zones (Elementary Only)

Please note: For Elementary transfers, transportation will not be provided by the district unless you are requesting a transfer to your elementary attendance zone school.

Child's Name:	Child's Grade at time of transfer:	Requested Transfer Start Date:
Home Address:		
Parent Name:	Email:	Phone:
Current School:	School Requesting:	
Reason for request:		

I understand that transportation will not be provided unless I am requesting a transfer to our elementary attendance zone school.	
Parent Signature:	Date:

**Please return completed requests to the district Placement Center located in the District Office:
at 2990 80th St. E., Inver Grove Heights, M 55076.**

Questions ?? Contact the district Placement Center at enroll@isd199.org or 651-306-7800.