Appendix III

EDINA PUBLIC SCHOOLS
5701 Normandale Road
Edina, MN 55424
952-848-4948

INTRADISTRICT TRANSFER

_____School Year

Student's Full Name _____
First Middle Last

Requested Grade _____ for _____ School Year

School Currently Attended _____ School Requested _____

Parent/Guardian Name(s) _____

Home Phone _____Cell Phone_____

Address _____
(City, State, Zip Code)

Email Address_____

Reason for Request:

Date_____ Parent/Guardian Signature_____

Transportation is the responsibility of the parent/guardian if the district's established busing system does not provide transportation from the assigned attendance area.

Please send completed form to: Edina Public Schools, Attn: Enrollment and School Improvement Office, 5701 Normandale Road, Edina, MN 55424

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