Appendix III

EDINA PUBLIC SCHOOLS 5701 Normandale Road Edina, MN 55424 952-848-4585

INTRADISTRICT TRANSFER

____School Year

Student's Full Name	First	Middle	 Last
Requested Grade	for	School Year	
School Currently Attended School Requested			
Parent/Guardian Nan	ne(s)		
Home Phone		Cell Phone	
Address(City, St	ate, 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			
Office Information			
Student #	Date	School Assigned	
Approved Wait List Denied Date	Date Date		
Copy: Principals Parent/Guardia Student Informa Transportation	ation Specialist	Director of Enrollmen	at and School Improvement

Established: 10/22/12; Revised 8/18/14