



Inter-District Transfer Request Form

Dakota CUSD #201

Student Information

Full Name: _____ Date of Birth: ____ / ____ / ____

Current Grade Level: _____ School Currently Attending: _____

School Year Requesting Transfer For: _____

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Primary Phone Number: _____
- Email Address: _____
- Home Address: _____
City: _____ State: _____ Zip: _____

Additional Information

- Does the student have an IEP or 504 Plan? ☐ Yes ☐ No
- Is the student currently under expulsion or pending disciplinary action? ☐ Yes ☐ No
- Has the student previously attended school in this district? ☐ Yes ☐ No
If yes, which school? _____



Required Attachments

- Most recent report card or transcript
- Attendance and discipline record (if available)

Acknowledgment and Signature

By signing below, I understand:

- This request is subject to space availability and district approval.
- Transportation is not provided for transfer students.
- Requests are reviewed annually.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Office Use Only

- Date Received: _____
- Approved: ☐ Yes ☐ No
- Rejection Justification: _____
- Effective Date: _____
- Administrator Signature: _____

...Dakota... CUSD 201

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