

DECISIONS ON K-6 TRANSFERS will be made in late April. Parents will be notified.

ELEMENTARY TRANSFER REQUEST FORM (Grades K-6)

**Bismarck Public Schools
806 North Washington Street
Bismarck, North Dakota 58501
(701) 323-4070**

ALL INFORMATION GIVEN BELOW SHOULD REFLECT THE SCHOOL YEAR INDICATED.
(NOTE: ONE CHILD PER FORM)

Name of Child _____ School presently attended _____

This request is for the _____ school year.

Grade _____ Age _____

Name of Parent or Guardian _____

Street Address _____

Telephone (Home) _____ (Work) _____
City _____ State _____ Zip _____

School Assigned _____

School Requested _____

(District rural busing will only be provided to the school within the assigned attendance area.)

Is this a district initiated transfer request due to large class sizes at the assigned school? Yes ____ No ____

Reason for transfer request: _____

Date

Signature of Parent or Guardian

DO NOT COMPLETE BELOW LINE

Principals indicate your approval or disapproval by initialing the proper blank.

Approved _____

Superintendent or Designee

Disapproved _____

Date _____

Comments: _____

