



IN-DISTRICT OPEN ENROLLMENT REQUEST

This application is to be completed for current Cambridge-Isanti resident students who wish to **transfer** to another school within the district that is not within the student's district boundaries.

The Cambridge-Isanti School District places a high priority on ensuring program and service equity between its elementary schools and between its middle schools. Class size, program availability, specialists, and support services are examples of areas in which equity is important. To help ensure equity of opportunity and access for all students, Cambridge-Isanti Schools permits only a limited number of resident students to open enroll into an elementary or middle school that is outside of their attendance area. Please see **District Policy #509.1**

Today's Date _____

Student Name _____ Birthdate _____ Grade _____

Address _____

City _____ Zip _____

Parent Name _____ Phone _____

Assigned School _____ **Requested School** _____

Reason(s) for Transfer Request _____

Requested Date of Transfer _____ *NOTE: Parent/Guardian is responsible for transportation*

Does student have an existing IEP or 504 plan? _____

Parent/Guardian Signature _____ Date _____

Assigned School

- Approved
- Denied Reason _____

Requested School

- Approved
- Denied Reason _____

Principal Signature _____

Principal Signature _____

Cc: Principals
Transportation
Director of Finance & Operations