

District Model and DLA Transfer Application

General Information and Instructions

Students in the St. Cloud Area School District may attend school under the district's learning model (full-time in person, hybrid, remote) or as part of the Distance Learning Academy. Typically, this selection is for a full year commitment. However, we understand that there may be circumstances and situations in which a family's current selection may no longer be appropriate or possible. In these instances, a parent or legal guardian may request a transfer by completing a transfer application.

The application must be submitted by the deadlines outlined in this application and be approved by administration. A separate application must be completed for each student who wishes to transfer learning options.

Note: Submitting a District Model and DLA Transfer Application does not guarantee that a student will be accepted into their requested learning option. Transfers to DLA will be considered based on available staffing and capacity. Transfers to the district's model will be considered based on available staffing, transportation and capacity. Unless otherwise indicated, approved transfers will occur at the start of the next trimester.

Application Timeline

| | Application Deadline | Decision Notification |
|-----------------------|----------------------|-----------------------|
| Application Window #1 | November 18, 2020 | November 25, 2020 |
| Application Window #2 | February 19, 2021 | February 26, 2021 |

submit this form to the District 742 Welcome Center at 1201 2nd St. S, Waite Park, MN 56387 or welcomecenter@isd742.org

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|---|--------------|--|--|
| STUDENT INFORMATION | | | |
| Student Name: | | | |
| Last | First | Middle | Birth Date |
| Student Address | | | |
| Street | | | |
| City | Zip Code | Phone | |
| Assigned Attendance School | Grade | Current learning model | Requested Start Date for Change |
| _____ | _____ | _____ | _____ |
| Please select the learning option that you are requesting: | | | |
| <input type="checkbox"/> District Model | | <input type="checkbox"/> Distance Learning Academy | |
| REASON FOR REQUEST: | | | |
| | | | |

| | | |
|------------------------------|-------|-------|
| PARENT INFORMATION | | |
| Parent/Guardian Name: | | |
| Last | First | Phone |
| Signature | _____ | |
| Date | _____ | |

Office Use Only

| | | | |
|---------------------------------------|---------------------------------|---------------------|--------------------|
| Student ID _____ | SPED: Yes ___ No ___ | IEP: Yes ___ No ___ | EL: Yes ___ No ___ |
| Other: _____ | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Signature: _____ | Date: _____ |
| Note: _____ Family Notified on: _____ | | | |