



**Park Spanish Immersion  
Elementary School**

9400 Cedar Lake Road  
St. Louis Park, Minnesota 55426  
952-928-6555 (Main Office)  
952-928-6556 (Fax)

(OFFICE USE ONLY)

Date Received: \_\_\_\_\_

Requested School Year: \_\_\_\_\_

Requested Grade: \_\_\_\_\_

Sibling also requesting transfer? Yes / No

Grade level(s)? \_\_\_\_\_

## Request for Transfer Enrollment (Lateral Entry)

### STUDENT INFORMATION – ONE form per student

(Transfer requests must be in writing. All information must be completed – Let us know if you would like help completing this form)

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Home Phone:** \_\_\_\_\_

**Requested Grade Level** (i.e. 3<sup>rd</sup> Grade): \_\_\_\_\_ **Requested School Year** (i.e.2020-2021): \_\_\_\_\_

**Name of Current School:** \_\_\_\_\_ **School District #** \_\_\_\_\_

**REASON REQUESTING TRANSFER:** \_\_\_\_\_

### PARENT/GUARDIAN(S) INFORMATION

**Parent #1/Guardian Name:** \_\_\_\_\_ **Parent #2/Guardian Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

We will keep your information on file. If an opening becomes available, students and their families will meet with PSI staff members to assess the student's Spanish language proficiency, answer questions, to ensure the student's success at PSI.