



FAIRFIELD CENTER SCHOOL
ST. ALBANS CITY SCHOOL
ST. ALBANS TOWN EDUCATIONAL CENTER



K-8 Elementary School Transfer Application

DEADLINE: April 15 in the year before placement requested

Complete one form for each child. Submit completed form to the Maple Run Office in person, by mail (28 Catherine St., St. Albans, VT 05478) or email to asmith@maplerun.org. **NOTE: Please visit the Elementary School In-District Transfer page (<https://www.maplerun.org/page/elementary-transfers>) for an overview of the program, procedures, and frequently asked questions (you may also request hard copies using the contact information above).**

Student Information:

Last Name _____ First Name _____ Middle Name _____

Gender: Male _____ Female _____ Date of Birth: _____

Is Student a sibling of a student currently attending your school of choice? ____ Yes ____ No

Sibling's Name _____

Physical and Mailing Address _____

Circle grade child will be entering in the fall: K 1 2 3 4 5 6 7 8 Current School: _____
(FCS, SACS, SATEC, N/A)

Parents'/Guardians' Information:

Name _____

Parents' Guardians' Address _____

Telephone _____ Preferred Email _____

Physical and Mailing Address (if different from student) _____

Is a parent/guardian a staff member of MRUSD? ____ Yes ____ No

Place a check next to the school you would like to transfer to:

____ Fairfield Center School ____ St. Albans City School ____ St. Albans Town Education Center

By signing, I have read and understand the Elementary School In-District Transfer procedure and I understand that my child will be transferred to the school of choice if selected.

Parent/Guardian Signature _____

Date: _____