

STUDENT TRANSFER REQUEST FORM

Requests for inter-district transfers must be coordinated with both the resident district and the non-resident school district. This form must be completed by the parent or guardian and submitted to the Superintendent of the resident district for consideration. THEN, if approved, the form shall be forwarded to the non-resident district. **This agreement is ONLY IN EFFECT THROUGH THE 2018-19 SCHOOL YEAR.**

Parent/Guardian _____ Date _____

Address (Mailing) _____ (Physical) _____

Home phone _____ Work phone _____ Email _____

School District where student lives (*Resident* School District): _____

	1 st student	2 nd student	3 rd student
Student Name			
Date of Birth			
2018-19 Grade level			
Check services each student has received:			
Special Ed			
Migrant Ed			
Bilingual Ed			
Chapter I/LAP			
Gifted Ed			
Other			
Has student been suspended or expelled?			
yes			
no			
Is student under court order to attend school or is a truancy petition in the process of being filed?			
yes			
no			
Has student/parent had any meetings with school officials regarding attendance issues in the past 2 years?			
yes			
no			
Please list any health problems the school should be aware of:			

I hereby request that my child(ren) listed above be permitted to attend the _____ School District for the 2018- 2019 school year for the following reasons:

(Please specify the reason(s) for this transfer request, give as much information as possible and attach any supporting documentation as needed)

_____ A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer.

_____ Attendance at the school in the non-resident district is more accessible to the parent's place of work or to the location of childcare.

_____ There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer.

I understand the non-resident school district may deny this request if classes or programs are fullor if my son/daughter is currently suspended or expelled from another school.... or if acceptance of the student would result in the district experiencing a financial hardship. If the transfer is approved, it is further understood that approval may be revoked at any time if my son/daughter does not comply with school rules, does not receive passing grades in all subjects, has 10 or more absences per year or if the student population residing within the district boundaries fills a class or program during the school year. Additionally, student transportation to and from school is the responsibility of the parent(s) making the request.

In the event that either the application for admission to the non-resident district or the request for release from your resident district is denied, you may request the Board of Directors of the respective district to review that decision. You must give at least five (5) school business days notice prior to the next regular meeting in order to have a hearing before the Board.

I, the undersigned, do hereby certify that **any misrepresentation on the completion of this form will result in this application being revoked.**

Date signed: _____

Telephone: _____

Signature of parent or legal guardian,
 IF student is **under** 18 years of age.

Signature of **student**,
 IF student is 18 years of age or older.

(ACCEPTING) NON-RESIDENT DISTRICT

- o Subject to the attending school district regulations and of WAC 392-15-000 through WAC 392-15-855, space currently **is not** available in the grade level(s) or classes in which the student(s) desires to be enrolled.
- o Past or present student discipline problems such as, suspension, expulsion, and lack of attendance, **are** a factor in final determination of admittance.
- o Appropriate educational programs or services **are not** available.
- o The transfer would result in the district experiencing a significant financial hardship.

This request is hereby: **APPROVED** **DENIED**

 District Superintendent

Non-Resident District

 Date

(RELEASING) RESIDENT DISTRICT

I hereby release the above named student(s) to attend the _____ School District for the 2018 - 2019 school year.

This **RELEASE** is hereby:

Approved _____

Denied _____

 District Superintendent

Resident District

 Date