



**In-District Attendance Waiver Application**

Pupil # \_\_\_\_\_

Application for School Year 20\_\_\_\_ - 20\_\_\_\_ Current School \_\_\_\_\_ Grade for Year Requested \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_ Unit \_\_\_\_\_ Space \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Alternative Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Service Area School \_\_\_\_\_ Request Transfer To \_\_\_\_\_

**Primary Reason for Request (Primary reason — only select one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AAP                    | <input type="checkbox"/> Health*                           | <input type="checkbox"/> Near Parent's Workplace     |
| <input type="checkbox"/> Daycare Location       | <input type="checkbox"/> IB Program                        | <input type="checkbox"/> PACE                        |
| <input type="checkbox"/> District Employee      | <input type="checkbox"/> More Suitable School Environment* | <input type="checkbox"/> Sibling already attends     |
| <input type="checkbox"/> Dual Language (DL)     | <input type="checkbox"/> Moved/Moving                      | <input type="checkbox"/> Sibling in EAP/DL/SPED      |
| <input type="checkbox"/> EAP                    | <input type="checkbox"/> Music/Drama                       | <input type="checkbox"/> Special Hardship Condition* |
| <input type="checkbox"/> *Please explain: _____ |  | <input type="checkbox"/> Other*                      |

**Answer each question: False or inaccurate information will be cause for denial or revocation of waiver.**

- 1.) Is student on an IEP or is currently being evaluated?  Yes  No
- 2.) Has the student been expelled/suspended from school for more than 10 consecutive days?  Yes  No

**Agreement of Understanding:**

- Responsibility for providing punctual transportation to and from school; \*
- Compliance with all district and school policies relating to attendance/academics/behavior;
- Expectation that student will be at school only during normal school hours unless participating in a scheduled activity;
- Campus-parking pass is not guaranteed (high school only); and
- One-year commitment to attend the approved school;
- Kindergarten waivers are for one year only and must re-apply for 1<sup>st</sup> grade;
- Program waivers (Dual Language, EAP, PACE, AAP) must re-apply when requesting to move into general education, if outside their service area school.
- In order to be eligible for varsity sports competition, transferring students must meet transferring student requirements. Detailed information can be found at <http://wiaa.com/subcontent.aspx?SecID=350>

Parent/Guardian Signature _____	Parent/Guardian Printed Name _____	Date _____
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Return signed and completed form to Northshore School District 3330 Monte Villa Parkway, Bothell WA 98021 FAX: 425 408 7729  
Waivers are too large to send via email, please send them electronically using this link: <https://mailfile.nsd.org/filedrop/waivers>

\*You may apply for a transportation request through the transportation department at [www.nsd.org/nsdtransportation](http://www.nsd.org/nsdtransportation). Applications are processed the beginning of October. Waivers will be allowed transportation through the district if space allows and from an existing stop after the October assessment.

\* Waivered students and students that are going to daycare on a bus other than their own must also apply for a transportation request that will also be assessed in October. Until the assessment, parents or the daycare providers are responsible for the student's transportation.