



Date Received _____

**INTRA-DISTRICT TRANSFER REQUEST
ELEMENTARY EDUCATION**

Student Name _____

Street Address _____ **Last** _____ **First** _____
City _____ Zip Code _____

Birth Date _____ Age _____ Home Phone _____ Parent/Guard. Work Phone _____

Resident School _____ Requested School _____

Grade when transfer in effect _____ Requested Start Date _____

Name, School and Grade of Sibling(s): _____

Special Program Needs (e.g., Spec. Ed., ELL)* _____

*If Special Programs, transfer approved by: _____

Transfers will be granted based on space and/or program availability and attendance. **TRANSPORTATION TO AND FROM SCHOOL IS THE PARENTS' RESPONSIBILITY AND MUST COMPLY WITH SCHOOL START AND END TIMES.** Requests are granted for the duration of elementary school, but will be reviewed annually to assess attendance, including compliance with required drop-off and pick-up times. In the first year of the transfer, you will be notified after school starts in September as to whether your request can be accommodated.

Parent/Guardian Signature: _____ Today's Date _____

APPROVED BY:

Resident Principal/School _____
Date _____

Receiving Principal/School _____
Date _____

Director, Special Programs (if applicable) _____
Date _____

DENIED

BECAUSE: _____

Principal
Signature: _____ Date _____

Director, Special Programs (if applicable) _____ Date _____

Persons needing this publication in an alternative format please contact Vickie Blakeney ADA/504 Coordinator, 425-204-2429

(Refer: Policy 3131)