



INTRA-DISTRICT TRANSFER REQUEST

Student Name: _____ **Birth Date:** _____ **Grade Entering:** _____

Street Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Best Contact Phone: _____ **Parent Email:** _____

Resident School: _____ **Requested School:** _____ **School Currently Attending:** _____

Name, School, and Grade of Siblings: _____

Special Program Needs (e.g., SpEd, ELL)* _____ ***If Special Programs, transfer approved by:** _____

Transfers will be granted based on space, program availability, and good academic standing, including grades, discipline, and attendance. **TRANSPORTATION TO AND FROM SCHOOL IS THE PARENTS' RESPONSIBILITY.** You will be notified by mail after May 31st with approval or denial decisions. Requests must be renewed each year at the high school level.

NOTE: ELIGIBILITY OF STUDENTS FOR EXTRACURRICULAR ACTIVITIES MAY BE IMPACTED BY RULES OF THE WASHINGTON INTERSCHOLASTIC ATHLETIC ASSOCIATION (WIAA) AND RENTON SCHOOL DISTRICT POLICY.

PARENT/GUARDIAN NAME: _____ **DATE:**

Please Email this completed form and a brief paragraph explaining why you are requesting a transfer to: Secondary Education or print and send to the 300 SW 7th St., Renton, 98057, Attn: Secondary Education.

_____**APPROVED** _____ **DENIED BY:** _____

REASON DENIED: _____

SIGNED: _____ **DATE:** _____
Secondary Education Designee

Persons needing this publication in an alternative format please contact the Section 504/ ADA Coordinator and Compliance Coordinator, Vickie Blakeney, Director of Student Support, 425.204.2429