

**INTRA-DISTRICT STUDENT
TRANSFER REQUEST FORM**

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Date of Request _____ **ELL** ___ Yes ___ No **IEP** ___ Yes ___ No

Student's Name _____

Name of Parent(s)/Guardian(s) _____

Address _____

Home Telephone _____ Work Telephone _____

Request to withdraw from _____ and enroll at _____

for the _____ school year. Grade for year requested: _____ Age: _____

Parent Signature _____



**PLEASE NOTE: PARENT IS RESPONSIBLE
FOR TRANSPORTATION**



Reason(s) for requesting transfer _____

- ◆ Once an intra-district transfer has been approved, your child may continue to attend the non-resident school for all remaining years without renewing this form
- ◆ When transitioning from elementary to middle school, a new request form must be submitted if you wish for your child to attend a non-resident middle school.

ONCE THIS SECTION IS COMPLETED

PLEASE RETURN FORM TO MIRANDA NEWELL AT THE DISTRICT OFFICE

2929 McDougall Ave Enumclaw, WA 98022

miranda_newell@enumclaw.wednet.edu

Fax: 360-802-7140

THIS SECTION TO BE COMPLETED BY THE DISTRICT

TO BE COMPLETED BY PRINCIPAL OF SCHOOL SERVING STUDENT'S RESIDENCE

Please verify above information and make necessary corrections.

Approve

Deny _____

Signature _____ Date: _____

TO BE COMPLETED BY PRINCIPAL OF NONRESIDENT (REQUESTED) SCHOOL

Please verify above information and make necessary corrections.

Approve

Deny _____

Signature _____ Date: _____

Superintendent Approval

Signature _____ Date: _____