



Within District Transfer Request

SCHOOL YEAR FOR TRANSFER REQUEST: _____ GRADE LEVEL FOR SCHOOL YEAR LISTED: _____

RESIDENT SCHOOL (ESTABLISHED BY HOME ADDRESS): _____

REQUESTED TRANSFER SCHOOL: _____

Please refer to the following page for relevant dates and guidelines

STUDENT FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN _____ PHONE _____ PHONE _____

RESIDENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

REASON FOR TRANSFER REQUEST: Continuing Student Other – Explanation

Services Required: Special Education Other – Explanation

Comment:

_____ Granted

_____ Denied

Superintendent or Designee

Date

NOTICES

- The parent/guardian will be notified by email of acceptance and the effective start date or denial.
- If the request is denied, the notification will include the reason for the denial and steps to appeal the decision.

ACKNOWLEDGEMENTS

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the In-District Student Transfers Policy 3130.
- Rescindment (revoking) of this transfer may also occur in accordance to the conditions listed in the In-District Student Transfer Policy 3130.
- I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand that I will be responsible for providing transportation to and from school for my student, unless the district is required to provide transportation for the student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA).
- It is understood that student athletes are responsible for ensuring their eligibility following all WIAA regulations.

I understand:

Requests are approved for one school year only.

On an annual basis, no later than April 30th, all current Within District Transfer students must reapply for continued transfer rights. Applications will continue to be accepted as received from new to the district resident students.

Any request for transfer received after August 1st will not be considered until after the first ten days of school.

Signature (Typing your full name and checking the box will act as your digital signature)

I accept

Date

One form for each student please

Return completed and signed form to:

- Peninsula School District, 14015 62nd Ave. NW, Gig Harbor, WA 98332
- Form may also be emailed to tallmanr@psd401.net or faxed to 253-248-0652.

Phone: 253-530-1007