



PARENT INITIATED REQUEST FOR STUDENT TRANSFER

601 S. 8TH Street., P.O. Box 1357 Tacoma, WA 98405

Phone: (253) 571-1142 Fax: (253) 571-1223

Transfer application is for: <input type="checkbox"/> School Year 2020-2021 <input type="checkbox"/> School Year 2021-2022		
Student Last Name:	Student First Name:	Student Middle Name:
Current Grade:	Student ID Number:	Birth Date:
Student Physical Street Address:		
Student Mailing Address (if different):		
Parent Last Name:		Parent First Name:
Parent Email:		Parent Phone:
Current School:		Requested School:
If reason requesting is related to daycare, name of daycare:		Daycare Address:
Does the student receive special education services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent a full-time (1.0) employee of Tacoma Public Schools? If yes, employee worksite: _____	Does the student have a sibling attending the requested school? If yes, name of sibling(s): _____
PLEASE INITIAL ALL OF THE FOLLOWING:		
___ I understand transfer of a student to a school other than their assigned school will be subject to enrollment and program limitations, impacts on school staffing, safety of students and climate of school.		
___ I understand the requested school becomes the student's assigned school until the next change in school level, IE elementary school to middle school and middle school to high school.		
___ I understand I will need to provide transportation to and from school.		
___ I understand school athletic eligibility may be impacted as identified in Policy 3131.		
___ I understand transfers made after the 15 th day of the term will not be granted until the next semester or trimester.		
___ I understand transfers cannot be implemented if the student has pending or active disciplinary actions.		
___ I understand acceptance at a transfer school may be discontinued during the school year if the conditions & restrictions under which the student was accepted changes (IE poor attendance, failure to participate in requested program, etc.).		
_____ Signature of parent/guardian (Student may sign if age 18+)		_____ Date signed

Return completed & signed form to:

Tacoma Public Schools – Enrollment Services
 601 South 8th Street, P.O. Box 1357
 Tacoma, WA 98401

Email: enrollmentservices@tacoma.k12.wa.us

Fax: (253) 571-1223