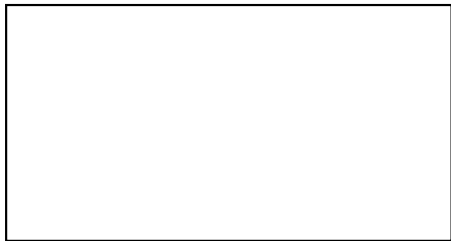




# PACIFIC CREST ONLINE ACADEMY Transfer Request 2021-22 School Year

6972 Keene Rd, West Richland, WA 99353

Ph: 967-6000 Fax: 942-2401



**STUDENT LEGAL NAME** (Please Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

**PARENT/GUARDIAN NAME** (Please Print) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REQUESTING TRANSFER TO:** School \_\_\_\_\_ For Grade \_\_\_\_\_

School Boundaried For \_\_\_\_\_ School District Boundaried For \_\_\_\_\_

School Currently Attending \_\_\_\_\_ School District Currently Attending \_\_\_\_\_

**REASON(S) FOR TRANSFER** (Check all that apply)

Child of Full-Time RSD Employee—Location: \_\_\_\_\_  Recent move & would like to remain

Daycare (Elementary Only – Complete provider section below)  Attended requested school last year

Sibling(s) enrolled at requested school last year Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Other \_\_\_\_\_

**ELEMENTARY ONLY:** Daycare Provider (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

**SPECIAL PROGRAMS** Any Special Programs required?  No  Yes (If yes, check all that apply)

Special Education / IEP  Section 504  ESL  Remedial Chapter/LAP  Other \_\_\_\_\_

**PARENTAL / GUARDIAN AGREEMENT**

- **Transportation will be the responsibility of the parent(s) or guardian in all transfer cases unless otherwise determined by the school district.**
- I agree to continue my child's enrollment in the requested school for the entire school year.
- I agree to notify the district if at any time, after the first year, I wish to return my child to the attendance area school.
- I agree to contact the school's Athletic Director for clarification of athletic eligibility for my high school student.

**\*\*My signature attests that I have read and understand this agreement and that all information provided is accurate.**

**\*\*Until notified by Richland School District Student Services, request is not approved and student must register in home attendance area school.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN COMPLETED FORM TO: RSD, Student Services 6972 Keene Rd, West Richland, WA 99353 or email: [Carol.Crowell@rsd.edu](mailto:Carol.Crowell@rsd.edu)**

**FOR DISTRICT USE ONLY**

**RELEASING DISTRICT AGREEMENT TO WAIVE ATTENDANCE** I hereby agree to waive attendance for this student

School District \_\_\_\_\_ School \_\_\_\_\_

Releasing Superintendent / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**RICHLAND SCHOOL DISTRICT BUILDING INPUT** Principal has reviewed and recommends: Approval \_\_\_\_\_ Denial \_\_\_\_\_

Reason for Denial: No Space Available \_\_\_\_\_ Discipline Issues \_\_\_\_\_ Attendance Issues \_\_\_\_\_ Special Circumstances \_\_\_\_\_

Principal / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**RICHLAND SCHOOL DISTRICT DETERMINATION**

Request is: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason(s): \_\_\_\_\_

Superintendent / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_