

FERNDALE SCHOOL DISTRICT NO. 502  
P.O. Box 698  
Ferndale, Washington 98248

**APPLICATION FOR RELEASE OF FERNDALE STUDENTS**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

Resident District: \_\_\_\_\_ Requested Year of Attendance: \_\_\_\_\_

District To Which Student is Requesting Transfer: \_\_\_\_\_

Reasons for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*It is understood that we, as parents, must assume responsibility for adequate transportation and supervision to and from school. We also understand that if this application is approved, consent is for the specified year only.*

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Adult Signature

**ACTION BY FERNDALE SCHOOL DISTRICT**

This district AGREES DOES NOT AGREE\* to waive attendance for the \_\_\_\_\_ school year only.

\_\_\_\_\_ Ferndale School District Superintendent or Designee

\*Your request for transfer has been denied for the following reason(s):

**ACTION BY NON-RESIDENT DISTRICT**

Request for transfer meets district criteria and is APPROVED DENIED for the school year ending \_\_\_\_\_.

\_\_\_\_\_ Non-Resident School Superintendent or Designee

\_\_\_\_\_ Date