

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

**APPLICATION FOR ADMISSION OF A NON-RESIDENT STUDENT  
TO THE FERNDAL SCHOOL DISTRICT**

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

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

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

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

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

Resident District: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School 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 \_\_\_\_\_

**RESIDENT DISTRICT AGREEMENT TO WAIVE ATTENDANCE**

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

\_\_\_\_\_ Resident School Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

**ACTION BY FERNDAL SCHOOL DISTRICT**

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

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

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