

INTERNAL STUDENT TRANSFER WITHIN THE FERNDAL SCHOOL DISTRICT

Student Name: _____ Date: _____
Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ Phone (Work) _____
Grade Level for Year of Transfer: _____ **SCHOOL YEAR THE REQUEST IS FOR:**
Assigned School Based on Student Address: _____
School Currently Attending: _____
School Requesting a Transfer to: _____
Does Your Child Receive Special Education Services? **Y/N** Student Birth Date: _____
Siblings? _____ YES _____ NO (If yes, a separate form is needed for each sibling)

Please **check any that apply**. In the space provided, identify the basis for the request and the specific reason(s) for this transfer request. Please provide as much information as possible. Attach any supporting documents as needed.

☐ Safety or health conditions affecting the student would be substantially improved as a result of a transfer.

☐ A financial condition affecting the student would be substantially improved as a result of a transfer.

☐ An educational condition affecting the student would be substantially improved as a result of a transfer. _

☐ Attendance at the requested school is more accessible to the parent's place of work or to the location of child care.
Address: _____

☐ Special circumstances exist that are affecting the student or the student's immediate family, which could be substantially alleviated as a result of a transfer. Please explain. _____

STUDENT NAME: _____

Complete only if Parent/Guardian is a Ferndale School District Employee (ESSB 5142):

Parent Name: _____

Work Assignment: _____

I understand:

- ✓ This application is valid for one (1) school year and needs to be completed annually.
- ✓ Parent(s)/Guardian(s) are responsible for transportation between the student's home and the requested school.
- ✓ Lack of academic performance, poor attendance, tardiness, or discipline problems may provide just cause for the district to return a student to his/her attendance area school.
- ✓ If a transfer is denied, the parent/guardian may appeal to the superintendent or designee in writing within ten (10) school days of denial notification for a review of the decision.

Signature below indicates that the parent/guardian has read Policy and Procedure 3130 and agrees to assume the responsibilities associated with an attendance transfer as listed above.

Signature of Parent or Legal Guardian

Date

Do Not Write Below this Line
For District Use Only

- ☐ **APPROVED** - Space is available in the grade level or classes at the requested building
- ☐ **DENIED** - Space is not available in the grade level or classes at the requested building
- ☐ **DENIED** - Request is denied due to excessive absences or discipline
- ☐ **DENIED** - Request is denied due to insufficient information provided

Requested School - Principal Signature

Date

Releasing School - Principal Signature

Date

District Office Signature

Date