ISSAQUAH SCHOOL DISTRICT 411

Form 3131F

In-District Transfer Request

Date of Request: _____ For School Year: 20 23 to 24

Student _____ M__F__ ___/___/___
First Middle Last Gender Birth Date

Is requesting to attend _____ for the 20 23 to 20 24 school year in grade___. The student is now attending _____ in grade___. The student's neighborhood/home school is _____ Reason for transfer request: I am requesting a transfer for the sibling of my student who is entering the Science Technology class at (circle one) Briarwood Cascade Ridge Clark Elementary.

Parent/Guardian (please print) _____

_____, WA _____
Residence Address City Zip

(_____) - _____ _____
Phone E-mail

"I (we) have read the Open Enrollment Provisions. I (we) understand the conditions for open enrollment, including varsity athletic eligibility, and agree to abide by them as open enrolled students in an ISD school." Residency verification is a parent responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment. "I (we) agree to notify the Issaquah School District in writing within five (5) school days following any change of my/our residency."

_____ _____
Parent/Guardian Signature Student's Signature
(Must be 18 years of age or older)

Return signed form to: Issaquah School District - 5150 220th Avenue SE Issaquah, WA 98029
Fax: 425-837-7005 or E-mail: couraged@issaquah.wednet.edu

(This portion of form for district use only)

The above request is: ❒ **Approved** ❒ **Denied** **Comments:** _____

_____

_____ ___/___/___
Operations Coordinator **Date**

Copy sent to family ☐ Date: _____ **Data entered ☐ By:** _____ **Date:** _____