

APPLICATION FOR RESIDENT TRANSFER

Student name: _____ Birthdate: _____ Current grade: _____

Address of student's residence: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name(s): _____ District employee? Yes
 No

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Student's resident school: _____ School attending (if different): _____

School to which student wishes to transfer: _____

Transfer effective: Immediately
 As of date: _____ Check here for kindergarten student: Has this child been referred to or participated in any special education program? Yes No In process

Please identify the reason(s) for this request to attend a school other than your resident school (this information is used for program evaluation and planning only and is not a factor in whether your application is accepted):

- | | |
|---|--|
| <input type="checkbox"/> Continue at school previously attended | <input type="checkbox"/> Safety reasons |
| <input type="checkbox"/> Closer to home | <input type="checkbox"/> Parent/guardian employed by Shoreline School District |
| <input type="checkbox"/> Sibling attends requested school | <input type="checkbox"/> Special hardship/detrimental condition (please explain below) |
| <input type="checkbox"/> Closer to parent/guardian's work | <input type="checkbox"/> Educational (please explain in below) |
| <input type="checkbox"/> Closer to childcare | <input type="checkbox"/> Other (please explain below) |

Comments: _____

The parent/guardian or adult student acknowledges the following:

- I will be responsible for transporting the student to and from school daily or allowing the student with a valid driver's license to drive to and from school daily;
- I have read District Policy 3131 and Procedure 3131P which describe the conditions upon which the request for admission may be approved as well as the reasons that approval may be revoked; and
- I understand that this application may be denied or approval may be revoked if false or inaccurate information is provided.

Parent/guardian or adult student signature: _____ Date: _____

Please deliver/mail original completed form to the school to which student wishes to transfer.

If you have questions, please call the Instruction Office at (206) 393-4365.

SHORELINE SCHOOL DISTRICT USE ONLY

After reviewing the above-mentioned student's application, the request for an intradistrict transfer has been:

- APPROVED.
- DENIED. Reason(s) for denial:
- Lack of available space in the class, program, grade level, or school requested;
 - Pattern of attendance problems;
 - Evidence of school offenses or crimes, violent or disruptive behavior, gang membership, or expulsion or suspension from school;
 - The sole reason for the request is to support the athletic or activity interests of the student; or
 - False or inaccurate information provided by parent/guardian.

Signature of building principal or administrator_____
Date