

# In-District Request

(Transfer between schools *within* the district *only*)

School Year Requested: 20\_\_ -20\_\_



Please use a separate form for each student

Longview Public Schools accepts enrollment for all students living within its boundaries and offers each student the opportunity to attend the school designated for the address where the student resides, unless an overload situation requires that a student be transferred to another location with sufficient capacity. Residence is defined as the physical location of a student's principal abode where the student lives the majority of the time (WAC 392-137-115). A request for transfer must be initiated by the parent, guardian, or independent student who wishes to attend a Longview Public School other than the residence-based school in accordance with School Board Policy and Procedure 3131. If the request is received by the deadline, the following process will be used to fill available spaces. Student placement is done on a semester basis.

Students will be assigned to a specific building in the following order of preference:

1. Longview School District students residing within the attendance area of a particular building.
2. Longview School District students who have previously been approved as in-district transfers provided there is space available, and the student is in good standing.
3. Currently enrolled students in good standing, with a change in home address, may be given preference to remain in current school to help minimize disruptions in student learning.
4. Siblings (of Longview School District students) requesting a transfer to a particular building but who reside in the attendance area of another building within the Longview School District.
5. Students requesting a transfer to a particular building but who reside in the attendance area of another building within the school district. Transfer requests will be considered in the order received.
6. Longview School District students who are being home schooled but who wish to take a part of their instruction in a school outside of their regular attendance area.

Additionally, to continue on in-district transfer the student will follow the rules and regulations applicable to all students attending the school and the student will maintain regular student attendance. Transfers will be reviewed each year to make sure capacity is not affected by transfer students.

**IMPORTANT NOTE TO PARENTS-** Special transfer requests will be approved on a space available basis. For this reason, it is necessary for you to register your child at your neighborhood school to assure that he/she will have an assigned classroom in the fall.

**ATHLETIC ELIGIBILITY-**After attending a Longview high school, students changing enrollment to/from one high school to another shall be considered transferring students. To have full high school athletic eligibility a student must meet the WIAA residence requirement (18.11.0).

Does your child have: IEP:  YES  NO    504:  YES  NO

Student's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Grade level for the year this transfer is requested \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Resident School \_\_\_\_\_ School Placement Requested \_\_\_\_\_

Please explain the extenuating circumstance that necessitates this transfer in sufficient detail. Attach additional information, if necessary. (Please do not leave this field blank.)

If this Special Transfer Request is approved, I \_\_\_\_\_ (Parent/Guardian) agree to transport the student to and from the receiving school at no cost to the school district for as long as the transfer remains in effect. I understand that if I am unable to provide transportation in a timely and consistent manner, this Special Transfer may be revoked by the school district at any time.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Date/Time received at Leadership and Learning \_\_\_\_\_  
Date/Time received at residence school \_\_\_\_\_ Resident Principal/Designee \_\_\_\_\_  
Date/Time received at receiving school \_\_\_\_\_ Receiving Principal Designee \_\_\_\_\_

**Submit form to District Office or local school. All forms will be forwarded to District Office.**  Approved  Denied

Reason for denial:  Capacity  Behavior  Attendance  Grades

Distribution:  Parent (Copy on Request)  Resident School (Keep a Copy)  Receiving School (Keep a Copy)  Leadership and Learning (Original after all signatures completed)