



P U Y A L L U P
SCHOOL DISTRICT
A Tradition of Excellence

REQUEST TO RESCIND

- Intra District Waiver
- Non Resident Application

Date: _____ School Year: _____ Grade: _____

Student Name: _____ Student ID: _____

Requested School (school currently attending): _____ Resident School (returning to): _____

This request is made for the following reasons:

- Daycare
- Personal Choice
- Relocating
- Transportation Issues

We understand that since we have been approved to attend a school that is not our resident school and are now rescinding, we will not be allowed to submit another request for the remainder of the school year. If the student has turned out for any sports during this current school year at the school they transferred to, they will be ineligible for varsity sports in their home attendance school for one calendar year.

Parent Signature: _____

Student Signature: _____

Return Form to: Puyallup School District - 302 2nd St. S.E. Puyallup, WA 98372
Phone (253) 841-8796 Fax: (253) 840-8938