



6972 Keene Rd  
West Richland, WA 99353  
Ph: 967-6000 Fax: 942-2401

# Pacific Crest Online Academy

## 2023-24

### School Transfer Form



**STUDENT LEGAL NAME** (Please Print) \_\_\_\_\_ Birthdate \_\_\_\_\_  
**PARENT/GUARDIAN NAME** (Please Print) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REQUESTING TRANSFER TO:** School Pacific Crest Online Academy For Grade \_\_\_\_\_  
School Boundaried For \_\_\_\_\_  
School Currently Attending \_\_\_\_\_

**REASON(S) FOR TRANSFER** (Please write 2-5 sentences why you want to attend PCOA)

**SPECIAL PROGRAMS** Any Special Programs required? ☐ No ☐ Yes (If yes, check all that apply)  
☐ Special Education / IEP ☐ Section 504 ☐ ESL ☐ Remedial Chapter/LAP ☐ Other \_\_\_\_\_

#### PARENTAL / GUARDIAN AGREEMENT

- **Transportation will be the responsibility of the parent(s) or guardian in all transfer cases unless otherwise determined by the district.**
  - I agree to continue my child's enrollment in the requested school for the entire school year.
  - I agree to notify the district if at any time, after the first year, I wish to return my child to the attendance area school.
  - I agree to contact the school's Athletic Director for clarification of athletic eligibility for my high school student.
- \*\*My signature attests that I have read and understand this agreement and that all information provided is accurate.**  
**\*\*Until notified by Richland School District Student Services, request is not approved and student must register in home attendance area school.**

**PARENT/GUARDIAN**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN COMPLETED FORM TO:** PCOA, 621 Snow Ave, Richland, WA 99352 or email: [Paul.Shaber@rsd.edu](mailto:Paul.Shaber@rsd.edu)

#### FOR DISTRICT USE ONLY

**RELEASING DISTRICT AGREEMENT TO WAIVE ATTENDANCE** I hereby agree to waive attendance for this student

School District \_\_\_\_\_ School \_\_\_\_\_  
Releasing Superintendent / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**RICHLAND SCHOOL DISTRICT BUILDING INPUT** Principal has reviewed and recommends: Approval \_\_\_\_\_ Denial \_\_\_\_\_  
Reason for Denial: No Space Available \_\_\_\_\_ Discipline Issues \_\_\_\_\_ Attendance Issues \_\_\_\_\_ Special Circumstances \_\_\_\_\_  
Principal / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

#### RICHLAND SCHOOL DISTRICT DETERMINATION

Request is: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason(s): \_\_\_\_\_  
Superintendent / Designee Signature \_\_\_\_\_ Date \_\_\_\_\_