



Bellevue School District's Advanced Learning Transfer Request

For BSD Resident Students Receiving Full-Time Self-Contained Services (SCS)

Return this form via email to advancedlearning@bsd405.org

CURRENT SCHOOL: _____ REQUESTED SCHOOL: _____

Name of Student: _____ DOB: _____

BSD Student ID: _____ CURRENT Grade Level: _____

EXPLAIN YOUR REASON(S) FOR THIS REQUEST: *(Use another piece of paper if you need more room.)*

When would you like for this request to be effective?

Immediately (ASAP)

In Fall _____
(Year)

If this Transfer Request is approved, I understand the following:

1. Transportation is the responsibility of the parent/guardian for elementary and middle school students.
2. This transfer request is only valid for the current school year. If you want your child to remain at the requested school the following year, you will need to reapply each year in the spring.
3. Approved transfers may be discontinued for the following reasons:
 - a) If adequate space is no longer available at the proper grade level because of an unusual increase in enrollment including increases resulting from attendance-area boundary changes.
 - b) If the student is excessively tardy or truant, or engages in frequent misconduct, and/or disruptive behavior in violation of school rules that indicates the student is not being successful at the school.

Preferred Email

Preferred Phone Number

Alternate Email

Alternate Phone Number

Please type your complete name as your signature

Date

By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information.

STOP! For Office Use Only Below this Line

DENIED - The school requested is at capacity and unable to accept students from outside their attendance area.

APPROVED for completion of school year only.

by: Director of Advanced Learning

Date