



IN-DISTRICT TRANSFER REQUEST

Request to Attend a School Other Than the Student's Home School

Parent/guardian submitting this request to transfer understand that the school will not be responsible for transportation.

Date of Request: _____ For School Year: _____ Student's Grad Year: _____

Student Name _____ Birth Date _____

Last

First

Middle

Is requesting to attend _____ in grade _____. The student's home school is _____.

Reason for transfer request:

Parent/Guardian Name (please print) _____

Residence Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

"I (we) have read the District Regulation and Procedure 3131- In-District Student Transfers. I (we) understand the conditions for an In-District transfer, including varsity athletic eligibility, and agree to abide by them as In-district transfer students in an ISD school." In addition, I (we) understand in-district student transfer is only open to those students who are in good academic standing (no F grades and above 2.0 GPS), have satisfactory attendance (no unexcused absences or excessive tardiness), and have no severe behavior violations (i.e. suspensions). Residency verification is a parent's responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment. "I (we) agree to notify the Issaquah School District in writing within five (5) days following any change of my/our residency."

Parent/Guardian Signature

Student Signature (must be 18 years of age)

Return signed form to: Issaquah School District – 5150 220th Ave SE – Issaquah, WA 98029

Fax: 425-837-7117 or Email: couraged@issaquah.wednet.edu

This portion of form for district use only:

The above request is: _____ Approved _____ Denied _____ Comments: _____

Enrollment Coordinator

_____/_____/_____
Date