



# REQUEST TO REMAIN – ELEMENTARY

## For Bellevue School District Resident Elementary School Students

STUDENT # \_\_\_\_\_

SCANNED \_\_\_\_\_  
UPLOADED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
T-CODE \_\_\_\_\_  
RES DOCS \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

**INSTRUCTIONS:** Submit this completed form to the Student Placement office by email at [studentplacement@bsd405.org](mailto:studentplacement@bsd405.org) or in person. You will receive an email notification of the decision to the email address provided.

STUDENT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE LEVEL OF TRANSFER YEAR \_\_\_\_\_ M F X GENDER

STREET \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS \_\_\_\_\_ PARENT/GUARDIAN PHONE 1: HOME CELL WORK \_\_\_\_\_ PHONE 2: HOME CELL WORK \_\_\_\_\_

**Reason for Request:**

Moved out of attendance area \_\_\_\_\_

DATE OF MOVE \_\_\_\_\_

NEW HOME/ATTENDANCE AREA SCHOOL \_\_\_\_\_

Grandfather procedure applies \_\_\_\_\_

Other \_\_\_\_\_

Capacity and enrollment at both the requested school and the new attendance area school will be considered.

I \Uj Y'fYUX'UbX' I understand the following:

*For Student Placement use only*

- The family move to a different attendance area must have occurred after the start of kindergarten.
- Transportation is the responsibility of the parent/guardian.
- Once approved a Request to Remain transfer normally continues until the student completes the school level.

Students may have their approval revoked for the following reasons:

- a) If it is found that the move to a different attendance area occurred prior to the start of kindergarten.

PARENT/GUARDIAN OR STUDENT IF OVER 18: *By typing your name you confirm that your name serves as your signature and verifies you agree with the above statements and are authorized to provide this information.*

PLEASE TYPE YOUR COMPLETE NAME AS YOUR SIGNATURE

DATE

*Information below to be completed only by the Superintendent's Designee*

- ☐ DENIED
- The family moved to a different attendance area before the start of kindergarten.
  - The school is at capacity at the requested grade.

☐ APPROVED to continue in feeder pattern of current school

☐ APPROVED to complete the school level

☐ APPROVED for completion of the school year only

SIGNATURE OF SUPERINTENDENT'S DESIGNEE

DATE

☐ DEPARTMENT REVIEWEMAILED ☐ PARENT ☐ CURRENT SCHOOL

AA schools \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_