



6972 Keene Rd, West Richland, WA 99353

Ph: 967-6000 Fax: 942-2401

TRANSFER REQUEST 2024-25 SCHOOL YEAR

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 _____ For Grade _____

School Boundaried For _____ School District Boundaried For _____

School Currently Attending _____ School District Currently Attending _____

REASON(s) FOR TRANSFER (Check all that apply)

Child of Full-Time RSD Employee—Location: _____ Recent move & would like to remain

Daycare (Elementary Only – Complete provider section below) Attended requested school last year

Sibling(s) enrolled at requested school Name(s) _____ Grade(s) _____

Other _____

ELEMENTARY ONLY: Daycare Provider (Please Print) _____

Phone _____ Address _____ City _____

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 for all students on transfer**
- 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.**

PARENT/GUARDIAN

SIGNATURE _____ DATE _____

Until notified by Richland School District Student Services, the request is not approved and student must register in home attendance area school.

RETURN FORM TO: RSD, Student Services 6972 Keene Rd, West Richland, WA 99353 or email: Lynne.Wiskerchen@rsd.edu

MID YEAR TRANSFER ONLY - Prior to submitting the request to the District Office, please make an appointment to share your concerns/needs with your current building principal. (This does not guarantee requested placement)

BUILDING/PRINCIPAL: _____ DATE _____

SIGNATURE _____

RICHLAND SCHOOL DISTRICT DETERMINATION

Request is: Approved _____ Denied _____ Reason(s): _____

Superintendent / Designee

Signature _____ Date _____