



6972 Keene Rd, West Richland, WA 99353

Ph: 967-6000 Fax: 942-2401

# TRANSFER REQUEST 2025-26 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](mailto: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 \_\_\_\_\_