



## Bellevue School District's Advanced Learning Request to Remain

*For Advanced Learning Centered Students that Moved out of BSD*

**Return this form via email to [advancedlearning@bsd405.org](mailto:advancedlearning@bsd405.org)**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

BSD Student ID: \_\_\_\_\_ **CURRENT** Grade Level: \_\_\_\_\_

My student moved out of Bellevue School District on: \_\_\_\_\_

I would like for my student to remain in the Advanced Learning Centered program at the following school:

- |                                                         |                                                |
|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Cherry Crest Elementary School | <input type="checkbox"/> Odle Middle School    |
| <input type="checkbox"/> Medina Elementary School       | <input type="checkbox"/> Tyee Middle School    |
| <input type="checkbox"/> Somerset Elementary School     | <input type="checkbox"/> Interlake High School |
| <input type="checkbox"/> Woodridge Elementary School    | <input type="checkbox"/> Other _____           |

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### If this Request to Remain is approved, I understand the following:

1. Transportation is the responsibility of the parent/guardian for elementary, middle and high school students.
2. This request to remain is only valid for the current school year. If you want your student 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***

- |                                          |                                                                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>DENIED</b>   | The school requested is at capacity and unable to accept students from outside their attendance area or out of district students. |
| <input type="checkbox"/> <b>APPROVED</b> | Approved for completion of current school year only.                                                                              |

by: Director of Advanced Learning \_\_\_\_\_

Date \_\_\_\_\_