



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 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 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
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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
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DEPARTMENT REVIEW EMAILED PARENT CURRENT SCHOOL AA schools ____ / ____ / ____