



### TRANSFER REQUEST FORM

STUDENT LEGAL NAME (Please Print)		Student ID	Birthdate
PARENT/GUARDIAN NAME (Please Print)		Email	
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
REQUESTING TRANSFER TO (which school are you requesting?):		Grade (Please Circle)	
		K 1 2 3 4 5 6 7 8 9 10 11 12	
School Currently Enrolled:		Yakima School District Boundary Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>REASON(S) FOR TRANSFER</b> (Check all that apply) <input type="checkbox"/> Child of Full-Time YSD Employee - Location: _____ <input type="checkbox"/> Attended requested school last year <input type="checkbox"/> Sibling(s) enrolled at requested school last year - Name(s) _____ Grade(s) _____ <input type="checkbox"/> Other: _____			
<b>SPECIAL PROGRAMS</b> Any Special Programs required? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply) <input type="checkbox"/> Special Education/IEP <input type="checkbox"/> Section 504 <input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____			
<b>PARENTAL/GUARDIAN NOTIFICATION</b> <ul style="list-style-type: none"> <li>Good attendance is vital to the success of your student. Only one transfer will occur during the school calendar year.</li> <li><b>NOT ALL TRANSFER REQUEST FORMS WILL BE APPROVED. You will be notified by Yakima School District, Student &amp; Family Center, request outcome if request is</b></li> <li><b>NOT approved student <u>must</u> register/remain in home attendance area school.</b> <ul style="list-style-type: none"> <li>All transfer forms will be allowed during dates specified by the Yakima School District. Transfers will only occur during dates set by district and notified via YSD7 Website.</li> </ul> </li> </ul>			
PARENT/GUARDIAN SIGNATURE _____		DATE _____	
<b>PLEASE RETURN COMPLETED FORM TO:</b> <b>Admissions &amp; Enrollment</b> <b>104 N. 4<sup>th</sup> Ave., Yakima, WA 98902</b>			
<b>FOR DISTRICT USE ONLY</b>			
<b>YAKIMA SCHOOL DISTRICT STUDENT PLACEMENT DETERMINATION</b>			
Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Reason(s): _____			
Superintendent/Designee Signature _____		Date _____	