

Intra District Transfer

☐ New Request
☐ Renewal

Requested School: _____ Program: (if applicable) _____		School Year: <u>2026</u> to <u>2027</u> (one year only)
STUDENT INFORMATION (one form per student)		
Student: _____ <i>Legal name First Middle Last</i>		Birth Date: _____ Grade Level: _____ (of transfer year)
Parent/Guardian: _____ (Required if student is younger than 18 at the time of this request)		Email: _____
Current or Last School Attended: _____		Phone (1): _____
School established by residency: _____		Phone (2): _____ (Parent/Guardian contact if student younger than 18)
Residence Address _____ _____, WA _____ <i>City Zip</i>		Mailing Address (if different from residence) _____ _____, WA _____ <i>City Zip</i>
REASON for REQUEST		
☐ A special hardship/condition including more accessible to the parent/guardian's work, financial, educational, safety or healthy condition affecting the student which would be reasonably improved as a result of the transfer. Please explain: _____ _____ _____		
☐ Special Academic programs: (Excel, PBS, Montessori, Dual Language, Other) : _____		
☐ Requested school is more accessible to childcare. Please specify name, address and phone # of childcare provider: Name. _____ Address: _____ Phone # _____		
☐ Parent/guardian is an employee with the Monroe School District.		
BEHAVIOR (attach sheet for additional comments)		
Services required: ____ ELL ____ Special Education ____ Other _____		
Parent will provide transportation:		☐ Yes ☐ No
Student will access nearest bus stop/express bus <u>if seats are available</u> :		☐ Yes ☐ No
Is there a parenting plan or court order regarding custody in place. If "yes", see stipulation #6 on reverse side.		☐ Yes ☐ No
Please see second page for additional information/guidelines and signature.		

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Additional Information/Guidelines

1. Intradistrict Transfer Requests are granted for no more than one school year under the guidelines of Monroe School District policy #3131. Enrollment priority is given to students living within the attendance area boundaries of each school. Exceptions involve programs located only at specific schools where students enrolled in the program must attend in order to participate.
2. Principals must ensure that a balance is maintained among grade levels at each school by carefully tracking enrollment patterns. A district administrator facilitates the process by working closely with building principals/designees to coordinate transfer decisions.
3. A conference with a building principal may be required in some cases prior to a final placement decision. Transfer requests are considered on the following basis:
 - Potential benefits for the student requesting the transfer
 - Classroom capacity
 - Program capacity and/or availability
 - An assessment of the degree of risk to the health/safety of the student and others if the transfer is approved
4. Parents/Guardians are responsible for providing transportation unless a specific district program (Excel, ELL, etc.) is located at the requested school.
5. Transfers are granted for one school year. There is no assurance that a transfer request will be approved in subsequent years.
6. It is the responsibility of the parents/guardians to ensure that any conflicts related to the conditions of legally decreed parenting plans and/or court orders are resolved prior to the time the transfer request is considered for approval. After approval, any copies of parenting plans and/or court orders must be provided to the school where the student is or will be attending.
7. A transfer may be revoked during the school year when in the judgment of the principal the student is not benefiting from the transfer and/or creating a substantial obstacle to the opportunities of other students to learn in an environment free of unnecessary disruptions.
8. If a transfer request is denied or revoked, the parent/guardian may appeal by asking the superintendent to review the decision.

Parent Signature

 Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)

 Date Signed

Superintendent/Designee Signature

Request to accept the above named student for enrollment

(Request denied for the following reason(s): _____)

 Superintendent/Designee signature

☐ **granted** ☐ **denied**

 Date Signed