ORTING SCHOOL DISTRICT

ELEMENTARY REQUEST FOR INTRA-DISTRICT TRANSFER OF SCHOOLS WITHIN THE SCHOOL DISTRICT

- Due Date: Submission window is **February 28 – March 31** for optimal placement.
- If the request is received after March 31, the next timelines for review are May 1 and June 15. Requests received after June 15 may not be reviewed until after 4th day counts in September.
- Please complete form and return to your child's school main office.

Student Name _____ Requested School Year _____ Grade ____

Birthdate _____ School Currently Attending_____

Parent/Guardian Name _____ Requested School _____

Parent E-mail Address _____ Sibling(s) currently enrolled at: OES ☐ PTR ☐

Physical Address _____ Sibling(s) currently on a waiver? NO ☐ YES ☐

City, Zip _____ Is there a current discipline Infraction? NO ☐ YES ☐

Phone _____ Any special education assistance: NO ☐ YES ☐

Orting School District Board Policy No. 3131 states "Transfers may be granted …if:

A. A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer;
B. Attendance at another school in the District is more accessible to the parent's place of work or to the location of childcare; or
C. There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer.
D. A student who moves to a new attendance area in the District during the school year may elect to transfer at the time of the move or at the end of the trimester or grading period."

PLEASE CHECK ONE:

☐ Employee at school (requesting)
☐ Childcare (proof of enrollment required)
☐ Special Hardship (explanation required)

Additional Comments:

_____
_____
_____

My signature indicates that I have read and understand the conditions below

- I understand that I will be responsible for providing transportation to and from school for my student.
- I understand that requests are approved for one school year only, and it is my responsibility to complete a new form each year.

Signature of Parent/Guardian _____ Date_____

FOR OFFICE USE ONLY

_____ _____ _____ _____

School District Official Signature | Date | Accepted | Denied

Denied for transfer due to: _____

_____

The Orting School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Carrie Joy, Title IX Coordinator & Civil Rights Coordinator, 360-893-6500 x 4028, joyc@orting.wednet.edu.; Jennifer Westover, Section 504 Coordinator, 360-893-6500 x 4027 westoverj@orting.wednet.edu, 121 Whitesell Street NE, Orting, WA 98360.