



Student Transfer Request – In-District

- New Request
 Renewal

Home school based on where you reside: _____	School Year: 20____ to 20____ <i>(one year only)</i>
School currently attending: _____	Start Date: _____ <i>(if mid-year transfer)</i>
School you wish to attend: _____	End Date: _____

STUDENT INFORMATION *(one form per student)*

Student: _____ <i>(Preferred name) First Middle Last</i>	Birth Date: _____ Grade Level: _____ <i>(of transfer year)</i>
Parent/Guardian: _____ <i>(Required if student is younger than 18 at the time of this request)</i>	Phone (1): _____
Email: _____	Phone (2): _____ <i>(Parent/Guardian contact if student younger than 18)</i>

Residence Address _____ _____ _____, WA _____ <i>City Zip</i>	Mailing Address <i>(if different from residence)</i> _____ _____ _____, WA _____ <i>City Zip</i>
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REASON for REQUEST *(choose one option only)*

- | | |
|---|---|
| <input type="checkbox"/> Student's residence has changed
<input type="checkbox"/> Student's financial condition would likely be improved
<input type="checkbox"/> Student's educational condition would likely be improved
<input type="checkbox"/> Student's safety concerns would likely be improved
<input type="checkbox"/> Student's health condition would likely be improved | <input type="checkbox"/> There is a special hardship or detrimental condition impacting the student or family
<input type="checkbox"/> To enroll in an alternative school/program
<input type="checkbox"/> Parent/guardian is an employee of the requested school district
<input type="checkbox"/> To enroll in a school with academic options not offered in this district |
|---|---|

BEHAVIOR *(attach sheet with explanation for any yes answers)*

Does the student have a record of conviction of crimes, violent or disruptive behavior or gang membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been expelled or suspended for more than 10 consecutive days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student repeatedly failed to comply with requirements for participation in an online school program, such as participating in weekly direct contact with the teacher or monthly progress evaluations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student and/or parent had any formal meetings with school officials regarding school attendance issues in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student under a court order to attend school or is a truancy petition in the process of being filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please see second page for important notices, acknowledgements, and signature.

QUESTIONS

- Does this student have any special education or medical needs? Yes No
If yes, please explain and include, if applicable, current IEP or accommodation plan. _____
- Has this student been expelled or suspended from school at any time? Yes No
- Does this student's disciplinary record show a history of violent or disruptive behavior, gang membership or a history of drug abuse? Yes No
If yes, give complete details. _____
- Has the student participated in any sport at the high school level? Yes No
WIAA eligibility rules for varsity level competition will be followed for any student who transfers without a corresponding change of residence. Contact high school athletic director for more information regarding WIAA transfer/eligibility rules.

ACKNOWLEDGEMENTS

By my signature, I state that the information set forth is true and complete to the best of my knowledge. I understand that:

- The deadline for finalizing transfers is October 15, according to Board Policy 3130.
- Inaccurate or incomplete information will result in the rejection of this application.
- All K-8 transfer applications must be renewed on an annual basis.
- It is the responsibility of the parent to provide transportation to and from school.
- Continued attendance is contingent on student behavior. Student needs to be in attendance and punctual to all classes per Board Policy #3200 Student Responsibilities and Rights.
- I understand this application does not automatically give approval for acceptance.

I authorize Central Valley School District to contact my student's previous school in order to consider this application.

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

Date Signed

Home phone

Work phone

Cell phone

Email

School Use Only

Date Received:

Time Received:

Lottery #:

Application Approved

Application Denied
Reason for denial:

Signature: Principal/Designee of Receiving School

Date Signed

Signature: Principal/Designee of Sending School

Date Signed