



.....**Intra-District Transfer Application**  
**School Year: 2018 / 2019**

- I. A student may attend an elementary school other than the one in his/her attendance area provided:
  - A. Another elementary school has adequate space to accommodate the student.
  - B. The services needed by the student are available in another school.
  - C. The parent/guardian agrees to the terms of this application.
  
- II. The student's transfer request may be denied if he/she has a history of disruptive behavior or irregular attendance. A student, whose transfer request is approved but later found not to meet the above provisions, may have his/her transfer revoked.

**SECTION I: To be completed by parent or guardian**

**Please complete one form for each child.**

Student Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Street \_\_\_\_\_ Effective Date \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ School Last Attended \_\_\_\_\_

Telephone Number \_\_\_\_\_ Grade Entering \_\_\_\_\_

**Transfer is requested from \_\_\_\_\_ school to \_\_\_\_\_ school.**

Identify below the basis and specific reason for the transfer request. Please provide as much information as possible, attach documentation or use reverse side of this form.

- 1. \_\_\_ A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer; or
- 2. \_\_\_ Attendance at the school in the non-resident district is more accessible to the parent's place of work or to the location of child care; or
- 3. \_\_\_ 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.

In addition to the foregoing, each intra-district transfer must be in compliance with all other district policies including those relating to student attendance, academic standards and class size.

As parent/guardian of the child named above, I understand these conditions and understand it is my responsibility to provide transportation to and from school or to and from an established bus stop.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**SECTION II: CERTIFICATION OF ADMISSION BY REQUESTED SCHOOL**

(To be completed by the Principal of the accepting school)

- Space is available in the grade level or classes in the school in which the student desires to be enrolled.
- Appropriate education programs or services are available to improve the student's condition as stated in Section I.
- The student's attendance in the transfer school is not likely to create a detrimental climate for teaching and learning for staff and other students.
- This transfer is for one year only. Parents must reapply each year.

Approved

Denied

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

**SECTION III: RELEASE FROM ATTENDANCE AREA SCHOOL:**

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

**SECTION IV: SCHOOL DISTRICT ACTION**

This request for transfer meets criteria # \_\_\_\_\_ above and is granted for the school year ending \_\_\_\_\_. It shall be the responsibility of the parent to provide transportation to and from school.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent/Designee

Your request has been denied for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Superintendent/Designee Date: \_\_\_\_\_

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*In the event the application for transfer is denied, you may request the Superintendent to review the decision.*

Please return this form to: District Office – Student Transfers  
Mount Baker School District  
PO Box 95  
Deming WA 98244-0095