



.....**Intra-District Transfer Application**
School Year: 2019 / 2020

- 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 _____

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: _____

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