



14015 62nd Ave. NW, Gig Harbor, WA 98332  
253-530-1007 Fax: 253-530-1010

## Within District Transfer Request

SCHOOL YEAR FOR TRANSFER REQUEST: \_\_\_\_\_ GRADE LEVEL FOR SCHOOL YEAR LISTED: \_\_\_\_\_

RESIDENT SCHOOL (ESTABLISHED BY HOME ADDRESS): \_\_\_\_\_

REQUESTED TRANSFER SCHOOL: \_\_\_\_\_

**Please refer to the following page for relevant dates and guidelines**

STUDENT FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

REASON FOR TRANSFER REQUEST: Continuing Student Other – Explanation

Services Required: Special Education Other – Explanation

### ACTION TAKEN BY PENINSULA SCHOOL DISTRICT

Is there room in the class, core class, program or activity, or building to accommodate the transfer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If applicable, have IEP services, at the transfer school, been approved by Student Services? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do the district and both schools mutually agree that an exceptional circumstance exists to allow the transfer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_

- Granted
- Denied

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date

**NOTICES**

- The parent/guardian will be notified by email (or postal mail if an email is not provided) of acceptance and the effective start date or denial.
- If the request is denied, the notification will include the reason for the denial and steps to appeal the decision.

**ACKNOWLEDGEMENTS**

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the In-District Student Transfers Policy 3130.
- Rescindment (revoking) of this transfer may also occur in accordance to the conditions listed in the In-District Student Transfer Policy 3130.
- I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand that I will be responsible for providing transportation to and from school for my student, unless the district is required to provide transportation for the student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA).
- It is understood that student athletes are responsible for ensuring their eligibility following all WIAA regulations.
- **I understand:**
  - **Requests are approved for one school year only.**
  - **On an annual basis, no later than April 30<sup>th</sup>, all current Within District Transfer students must reapply for continued transfer rights.**
  - **Applications will continue to be accepted as received from new to the district resident students.**
  - **Any request for transfer received after August 1<sup>st</sup> will not be considered until after the first ten days of school.**

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

\_\_\_\_\_  
Date Signed

**One form for each student please**

Return completed and signed form to:

Peninsula School District, 14015 62<sup>nd</sup> Ave. NW, Gig Harbor, WA 98332

\*\*Form may be emailed, faxed, mailed, or hand delivered to the above address.

Phone: 253-530-1007, Fax: 253-530-1010, Email: tallmanr@psd401.net