



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.
- If a district does not respond to a request within 45 days of the request, the request is treated as a denial and the parent/guardian can appeal.

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 and are prohibited from participating in team activities/conditioning until 100% eligible.
- **I understand:**
 - **Requests are approved for one school year only.**
 - **On an annual basis, by the end of April, all current transfer students must reapply for continued transfer rights.**
 - **Applications will continue to be accepted as received from new resident students.**
 - **Any request for transfer received after August 1st 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 62nd 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