

**REQUEST FOR STUDENT ATTENDANCE AREA TRANSFER
Between Schools in the Bellingham School District**

FOR THE SCHOOL YEAR: _____ **DATE OF REQUEST** _____

STUDENT NAME: _____ **BIRTHDATE:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____ **GRADE LEVEL FOR YEAR OF TRANSFER:** _____

CURRENT SCHOOL: _____

ATTENDANCE AREA SCHOOL FOR YOUR HOME ADDRESS: _____

SCHOOL YOU ARE REQUESTING A TRANSFER TO: _____

In the space below, identify the basis for the request and the specific reason for this transfer request. Please provide as much information as possible; attach supporting documentation as needed.

- A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer.
- Attendance at the school requested is more accessible to the parent's place of work or to the location of child care.
Address: _____
- Some other special circumstances affecting the student or student's immediate family which could be alleviated as a result of a transfer.
Please explain: _____
- Parent/guardian is a Bellingham School District Employee (ESSB 5142)
Parent name: _____ Work assignment: _____

- **I UNDERSTAND THIS APPLICATION IS VALID FOR ONE SCHOOL YEAR.**
- **PARENT(S)/GUARDIAN(S)/STUDENT ARE RESPONSIBLE FOR TRANSPORTATION BETWEEN THE STUDENT'S HOME AND THE REQUESTED SCHOOL.**
- **LACK OF ACADEMIC EFFORT, POOR ATTENDANCE, TARDINESS, OR DISCIPLINE PROBLEMS SHALL PROVIDE JUST CAUSE FOR THE DISTRICT TO RETURN A STUDENT TO HIS/HER ATTENDANCE AREA SCHOOL.**
- **TRANSFER DECISIONS MAY NOT BE MADE UNTIL THE THIRD WEEK IN AUGUST THROUGH THE FOURTH DAY OF SCHOOL.**
- **IF A TRANSFER REQUEST IS DENIED, THE PARENT/GUARDIAN MAY APPEAL TO THE SUPERINTENDENT OR DESIGNEE IN WRITING WITHIN TEN SCHOOL DAYS OF DENIAL NOTIFICATION FOR A REVIEW OF THE DECISION BY THE BUILDING PRINCIPAL.**

Signature below indicates that the parent(s)/guardian(s) have read Policy and Procedure 3131 and agree to assume the responsibilities associated with an attendance area transfer as listed above.

Signature of Parent or Legal Guardian

PLEASE SUBMIT TO THE REQUESTED SCHOOL FOR GRADES K, 6 AND 9

FOR ALL OTHER GRADE LEVELS:

- I HAVE HAD A CONVERSATION WITH MY CHILD'S NEIGHBORHOOD SCHOOL ADMINISTRATOR OR DESIGNEE.**

Signature of School Administrator or Designee _____

<div style="border: 1px solid black; padding: 2px; font-size: small;">DISTRICT USE ONLY</div>	<input type="checkbox"/> Space is available in the grade level or classes at the requested building. <input type="checkbox"/> Space is not available in the grade level or classes at the requested building. <input type="checkbox"/> Request is not granted due to discipline and/or attendance issues.
Principal Name: _____ Principal Signature: _____	