

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

FOR THE SCHOOL YEAR: _____ DATE OF REQUEST _____ CONTINUING REQUEST? Yes No

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: _____

Identify below 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 AFTER THE THIRD WEEK IN AUGUST.
- 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.
- PER WIAA RULES, VARSITY PARTICIPATION IN RECEIVING SCHOOL IS SUSPENDED FOR ONE YEAR.

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.

- I HAVE HAD A CONVERSATION WITH MY CHILD'S NEIGHBORHOOD SCHOOL ADMINISTRATOR (not necessary for continuing requests).

Signature of Parent or Legal Guardian

After signature by Parent/Guardian, please route as follows:

- *New request to neighborhood school
- *Continuing request to requested school

Office Use Only:

Signature of Neighborhood School Administrator _____

Accept Deny – Circle Reason: Space/Discipline/Attendance Route to Requested School

Signature of Requested School Administrator _____

Accept Deny – Circle Reason: Space/Discipline/Attendance Route to Assistant Superintendent

Signature of Assistant Superintendent _____

Accept Deny – Circle Reason: Space/Discipline/Attendance Route to Requested School