

## REQUEST FOR STUDENT ATTENDANCE AREA TRANSFER

### Between Schools in the Bellingham School District

**FOR THE SCHOOL YEAR:** \_\_\_\_\_ **DATE OF REQUEST:** \_\_\_\_\_

**IS THIS A NEW OR A CONTINUING REQUEST?**  NEW  CONTINUING

**STUDENT NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

Parent/guardian is a Bellingham School District Employee (ESSB 5142)

Parent name: \_\_\_\_\_ Work assignment: \_\_\_\_\_

**GRADE LEVEL FOR YEAR OF TRANSFER:** \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_

**ATTENDANCE AREA SCHOOL FOR YOUR HOME ADDRESS:** \_\_\_\_\_

**SCHOOL YOU ARE REQUESTING A TRANSFER TO:** \_\_\_\_\_

**Are there siblings enrolled in Bellingham Public Schools?**  Yes  No

Siblings enrolled in Bellingham Public Schools:			
	Name	Grade	School
Sibling 1			
Sibling 2			
Sibling 3			

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. Explain (optional):

\_\_\_\_\_  
 Attendance at the school requested is more accessible to the parent's place of work or to the location of childcare. 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:

\_\_\_\_\_  
 Attendance area has changed for the family, so they are requesting the student remain at their current school. Please explain:

\_\_\_\_\_

- 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 their attendance area school.
- Transfer decisions may be held for review in the fall, up to the fifth day of school to determine enrollment capacity.
- 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 may be suspended for one year based on eligibility requirements (consult WIAA 18.11-13).
- I have had a conversation with my child's neighborhood (attendance area) school administrator (for new requests only). Yes No

**I have read policy and procedure 3131 and agree to assume the responsibilities associated with an attendance area transfer as listed above.**

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**Signature of Parent or Legal Guardian**

**Optional:** Additional information as to why you are requesting a transfer

**Print and drop off completed form to the school you are requesting to attend next fall.**

**Internal Use Only**    New request    Continuing request to requested school

**Step 1. Signature of Neighborhood School Administrator** \_\_\_\_\_

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

**Step 2. Signature of Requested School Administrator** \_\_\_\_\_

Accept    Deny – Circle Reason: Space/Discipline/Attendance   Route to Deputy or Asst. Superintendent

**Step 3. Signature of Deputy or Assistant Superintendent** \_\_\_\_\_

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