

# NORTH THURSTON PUBLIC SCHOOLS

## INTER-DISTRICT TRANSFER REQUEST FORM

**\*Transfers are accepted for the next school year beginning the last Monday in February\***

**DATE RECEIVED:** \_\_\_\_\_

**SCHOOL YEAR:** \_\_\_\_\_

The resident school district must first release your child before another school district can accept this request. Separate forms must be completed for each student. In addition to the foregoing, all inter-district transfer requests must be in compliance with North Thurston Public Schools district policy 3141 including, but not limited to, attendance and academic standards. Requests can be denied on the basis of class sizes, recurring discipline and/or attendance problems, financial hardships on receiving school district and/or other provisions defined in the district policy. Also note that requests are approved for no more than one school year. (It is the parent's responsibility to complete a new form each year.)

<b>TO BE COMPLETED BY THE PARENT/GUARDIAN</b>				<input type="checkbox"/> <b>NEW REQUEST</b>	<input type="checkbox"/> <b>RENEWAL REQUEST</b>
STUDENT'S NAME:		DATE OF BIRTH:	AGE:	GRADE LEVEL FOR REQUESTED YEAR:	
PARENT/GUARDIAN NAME (please print):		STREET ADDRESS:		CITY/ZIP:	
MAILING ADDRESS (if different from street address):		CITY/ZIP:	HOME PHONE:	WORK PHONE:	
RESIDENT SCHOOL DISTRICT:		RESIDENT SCHOOL:			
SCHOOL DISTRICT REQUESTED:		SCHOOL REQUESTED:			
LAST SCHOOL ATTENDED (PLEASE LIST DATES ATTENDED):					
PLEASE CHECK ONE OF THE FOLLOWING CRITERIA FOR YOUR TRANSFER REQUEST.					
<input type="checkbox"/> <b>EMPLOYEE</b> –Parent is a full-time certificated or classified employee in NTPS. Work Location: _____			<input type="checkbox"/> <b>SIBLING</b> –Sibling attends requested school.		
<input type="checkbox"/> <b>OTHER</b> (Please explain. If you need more room, please attach additional information.): _____ _____					
IS YOUR CHILD ENROLLED IN A SPECIAL EDUCATION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			DOES YOUR CHILD HAVE A GOOD ATTENDANCE RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain:		
HAS YOUR CHILD BEEN SUSPENDED OR EXPELLED FROM ANOTHER SCHOOL AND/OR DISTRICT? If YES, please explain:			SHOULD THE SCHOOL BE ADVISED OF ANY BEHAVIOR CONCERNS? If YES, please explain:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE OF PARENT/GARDIAN:				DATE:	

**APPROVAL OF REQUEST:** Requested transfer *does* meet district criteria (checked above) and is granted for the requested school year. If, at any time, during the period of the transfer, the object of the transfer is determined to be unobtainable, this transfer agreement may be terminated. Parent/Guardian is responsible for providing transportation at no cost to the accepting school district. *Transfer request is for one school year only.*

Resident School District	Date	Special Education Director	Date
Requested School Principal (NTPS USE ONLY)	Date	Special Education Director	Date
Non-Resident School District	Date		

**DENIAL OF REQUEST:** Requested transfer does not meet district criteria. The reason for denial of this transfer is provided below:

Resident School District	Date	Special Education Director	Date
Requested School Principal (NTPS USE ONLY)	Date	Special Education Director	Date
Non-Resident School District	Date		

REASON FOR DENIAL: \_\_\_\_\_