# Student Transfer Request – In-District

- [ ] New Request
- [ ] Renewal

<table>
<thead>
<tr>
<th>Home school based on where you reside:</th>
<th>School Year: 20_____ to 20_____(one year only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School currently attending:</td>
<td>Start Date: ______________ (if mid-year transfer)</td>
</tr>
<tr>
<td>School you wish to attend:</td>
<td>End Date: ________________________________</td>
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## STUDENT INFORMATION (one form per student)

<table>
<thead>
<tr>
<th>Student: (Preferred name) First Middle Last</th>
<th>Birth Date: ____________ Grade Level: ______ (of transfer year)</th>
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<tbody>
<tr>
<td>Parent/Guardian: (Required if student is younger than 18 at the time of this request)</td>
<td>Phone (1): ____________________________</td>
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<tr>
<td>Email:</td>
<td>Phone (2): ____________________________ (Parent/Guardian contact if student younger than 18)</td>
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</tbody>
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<thead>
<tr>
<th>Residence Address</th>
<th>Mailing Address (if different from residence)</th>
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### REASON for REQUEST (choose one option only)

- [ ] Student’s residence has changed
- [ ] Student’s financial condition would likely be improved
- [ ] Student’s educational condition would likely be improved
- [ ] Student’s safety concerns would likely be improved
- [ ] Student’s health condition would likely be improved
- [ ] There is a special hardship or detrimental condition impacting the student or family
- [ ] To enroll in an alternative school/program
- [ ] Parent/guardian is an employee of the requested school district
- [ ] To enroll in a school with academic options not offered in this district

### BEHAVIOR (attach sheet with explanation for any yes answers)

Does the student have a record of conviction of crimes, violent or disruptive behavior or gang membership? [ ] Yes [ ] No

Has this student been expelled or suspended for more than 10 consecutive days? [ ] Yes [ ] No

Has the student repeatedly failed to comply with requirements for participation in an online school program, such as participating in weekly direct contact with the teacher or monthly progress evaluations? [ ] Yes [ ] No

Has the student and/or parent had any formal meetings with school officials regarding school attendance issues in the past two years? [ ] Yes [ ] No

Is this student under a court order to attend school or is a truancy petition in the process of being filed? [ ] Yes [ ] No

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Please see second page for important notices, acknowledgements, and signature.
QUESTIONS

• Does this student have any special education or medical needs? □ Yes □ No
  If yes, please explain and include, if applicable, current IEP or accommodation plan. __________________________________
  _______________________________________________________________________________________________________

• Has this student been expelled or suspended from school at any time? □ Yes □ No

• Does this student’s disciplinary record show a history of violent or disruptive behavior, gang membership or a history of drug abuse? □ Yes □ No
  If yes, give complete details. __________________________________
  _______________________________________________________________________________________________________

• Has the student participated in any sport at the high school level? □ Yes □ No
  WIAA eligibility rules for varsity level competition will be followed for any student who transfers without a corresponding change of residence. Contact high school athletic director for more information regarding WIAA transfer/eligibility rules.

ACKNOWLEDGEMENTS

By my signature, I state that the information set forth is true and complete to the best of my knowledge. I understand that:

• The deadline for finalizing transfers is October 15, according to Board Policy 3130.
• Inaccurate or incomplete information will result in the rejection of this application.
• All K-8 transfer applications must be renewed on an annual basis.
• It is the responsibility of the parent to provide transportation to and from school.
• Continued attendance is contingent on student behavior. Student needs to be in attendance and punctual to all classes per Board Policy #3200 Student Responsibilities and Rights.
• I understand this application does not automatically give approval for acceptance.

I authorize Central Valley School District to contact my student’s previous school in order to consider this application.

_____________________________________________________________  ______________________
Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)  Date Signed

_____________________________________________________________  ______________________  ______________________  ______________________
Home phone  Work phone  Cell phone  Email

School Use Only

Date Received:  Time Received:  Lottery #:  

☐ Application Approved

☐ Application Denied
  Reason for denial: __________________________________________

_____________________________________________________________  ______________________
Signature: Principal/Designee of Receiving School  Date Signed

_____________________________________________________________  ______________________
Signature: Principal/Designee of Sending School  Date Signed