

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

STUDENT NAME: \_\_\_\_\_ FOR SCHOOL YEAR: \_\_\_\_\_  
 PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 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 an Aberdeen School District Employee (ESSB 5142)  
Parent name: \_\_\_\_\_ Work assignment: \_\_\_\_\_

- I UNDERSTAND THIS APPLICATION IS VALID FOR ONE SCHOOL YEAR AND NEEDS TO BE COMPLETED ANNUALLY (UNLESS I AM A ABERDEEN SCHOOL DISTRICT EMPLOYEE).
- 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 WILL BE MADE NO LATER THAN THE FIFTH 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 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

<i>DISTRICT USE ONLY</i>	<input type="checkbox"/> Conversation and discussion with neighborhood school administrator.
	<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.
	<input type="checkbox"/> Request is not granted because school is not able to adequately meet the needs of the student and/or family based on principal and/or program director determination.
Principal Name: _____ Principal Signature: _____	
Principal Name: _____ Principal Signature: _____	
District Official: _____ District Signature: _____	