



TRANSFER REQUEST FORM

STUDENT LEGAL NAME (Please Print)				Birthdate	
PARENT/GUARDIAN NAME (Please Print)			Email		
Address		City		State	Zip
Home Phone		Work Phone		Cell Phone	
REQUESTING TRANSFER TO (which school are you requesting?):				Grade (Please Circle)	
				K 1 2 3 4 5 6 7 8 9 10 11 12	
School Boundary:				Are you a Yakima School District Boundary Resident?	
School Currently Enrolled:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON(S) FOR TRANSFER (Check all that apply)					
<input type="checkbox"/> Child of Full-Time YSD Employee - Location: _____ <input type="checkbox"/> Attended requested school last year <input type="checkbox"/> Sibling(s) enrolled at requested school last year - Name(s) _____ Grade(s) _____ <input type="checkbox"/> Other: _____					
SPECIAL PROGRAMS Any Special Programs required? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply)					
<input type="checkbox"/> Special Education/IEP <input type="checkbox"/> Section 504 <input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____					
PARENTAL/GUARDIAN AGREEMENT					
<ul style="list-style-type: none"> • Transportation will be the responsibility of the parent(s) or guardian in all transfer cases unless otherwise determined by the school district. • I agree to continue my child's enrollment in the requested school for the entire school year. • I agree to notify the district if at any time if I wish to return my child to the attendance area (boundary) school. • I agree to contact the school's Athletic Director for clarification of athletic eligibility for my high school student. ** My signature attests that I have read and understand this agreement and that all information provided is accurate. ** Until notified by Yakima School District, Student & Family Center, request is <u>not</u> approved and student <u>must</u> register/remain in home attendance area school. 					
PARENT/GUARDIAN SIGNATURE _____				DATE _____	
<p>PLEASE RETURN COMPLETED FORM TO: Student & Family Center, 105 N. 4th Ave., Yakima, WA 98902</p>					
FOR DISTRICT USE ONLY					
YAKIMA SCHOOL DISTRICT BUILDING INPUT Principal has reviewed and recommends: <input type="checkbox"/> Approval <input type="checkbox"/> Denial					
Reason for Denial: <input type="checkbox"/> No Space Available <input type="checkbox"/> Discipline Issues <input type="checkbox"/> Attendance Issues <input type="checkbox"/> Special Circumstances					
Principal/Designee Signature _____				Date _____	
YAKIMA SCHOOL DISTRICT STUDENT PLACEMENT COMMITTEE DETERMINATION					
Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason(s): _____					
Superintendent/Designee Signature _____				Date _____	