



TRANSFER REQUEST FORM

STUDENT LEGAL NAME (Please Print)		Student ID	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 Currently Enrolled:		Yakima School District Boundary Resident? <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 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. <p>** My signature attests that I have read and understand this agreement and that all information provided is accurate.</p> <p>** 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.</p> <p>** Transfers will only occur at grading period (quarter/semester).</p>			
PARENT/GUARDIAN SIGNATURE _____		DATE _____	
<p>PLEASE RETURN COMPLETED FORM TO:</p> <p>Student & Family Center</p> <p>105 N. 4th Ave., Yakima, WA 98902</p>			
FOR DISTRICT USE ONLY			
Current Credits Earned: _____			
ELA Standard: Y / N Math Standard: Y / N Science Standard: Y / N HSBP: Y / N Washington State History: Y / N <input type="checkbox"/> No Space Available <input type="checkbox"/> Discipline Issues <input type="checkbox"/> Attendance Issues <input type="checkbox"/> Special Circumstances SCHOOL BOUNDARY: _____			
YAKIMA SCHOOL DISTRICT STUDENT PLACEMENT COMMITTEE DETERMINATION			
Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending Testing Reason(s): _____			
Superintendent/Designee Signature _____		Date _____	