



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)

Child of Full-Time YSD Employee - Location: _____

Attended requested school last year

Sibling(s) enrolled at requested school last year - Name(s) _____ Grade(s) _____

Other: _____

SPECIAL PROGRAMS Any Special Programs required? No Yes (If yes, check all that apply)

Special Education/IEP Section 504 ELL Migrant Homeless Other _____

PARENTAL/GUARDIAN NOTIFICATION

- Good attendance is vital to the success of your student. Only one transfer will occur during the school calendar year.
- **NOT ALL TRANSFER REQUEST FORMS WILL BE APPROVED. You will be notified by Yakima School District, Student & Family Center, request outcome if request is**
- **NOT approved student must register/remain in home attendance area school.**
- **All transfer forms will be allowed during dates specified by the Yakima School District. Transfers will only occur during dates set by district and notified via YSD7 Website.**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETED FORM TO:
Admissions & Enrollment
105 N. 4th Ave., Yakima, WA 98902

FOR DISTRICT USE ONLY

YAKIMA SCHOOL DISTRICT STUDENT PLACEMENT DETERMINATION

Request is: Approved Denied

Reason(s): _____

Superintendent/Designee Signature _____ Date _____