

# IN-DISTRICT STUDENT TRANSFER REQUEST

*For students who live in the Yelm School District who would like to transfer from one Yelm school to another.*

Each student in the district is required to attend the school designated for the geographic attendance area in which he or she resides. A parent or guardian may request that his or her child be allowed to attend another school in the district. Requests must be submitted to the District Office by March 15. Transfers may be granted per Policy 3131 and Procedure 3131P. This application is for the current school year only and must be completed each school year.

All approved transfers are subject to the following conditions: **Parents will provide transportation and adequate supervision to and from school.** Students will maintain and appropriate school behavior. Students with discipline problems may be returned to their assigned school. Providing false or misleading information or failure to disclose material facts regarding residence or educational needs of the student will be grounds for refusing or terminating admission. If the request for transfer is denied, the parent or guardian may appeal to the Superintendent’s designee for review of the decision.

<b>STUDENT NAME:</b>		<b>FOR GRADE:</b>	<b>DATE OF BIRTH:</b>	<input type="checkbox"/> <b>New Request</b>
				<input type="checkbox"/> <b>Renewal</b>
<b>PARENT/GUARDIAN NAME</b> (please print):		<b>HOME PHONE:</b>		<b>WORK OR CELL PHONE:</b>
<b>STREET ADDRESS:</b>		<b>CITY &amp; ZIP:</b>		<b>EMAIL 1 (PARENT):</b>
<b>MAILING ADDRESS</b> (if different from street address)		<b>MAILING CITY &amp; ZIP:</b>		<b>EMAIL 2:</b>
<b>RESIDENT (ASSIGNED) SCHOOL:</b>		<b>CURRENT or LAST SCHOOL ATTENDED:</b>		<b>REQUESTED SCHOOL:</b>
<b>REASON FOR TRANSFER REQUEST:</b>				
<b>LIST ANY MEDICAL OR BEHAVIORAL CONCERNS AFFECTING YOUR CHILD’S EDUCATIONAL NEEDS:</b>				

I understand I am responsible for <b>transportation</b> to and from school.	Yes <input type="checkbox"/>	Please initial: _____
Does the student's <b>daycare provider</b> reside within the requested school's boundary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please complete Form 3131-F2. Request will not be processed until both forms are received.
Does the student receive <b>special education</b> /related services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain _____
Does the student receive <b>Section 504</b> services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain _____
Does the student receive <b>ELL</b> services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain _____
Has the student been <b>suspended/expelled</b> at previous school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain _____
Has the student had <b>attendance</b> issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain _____
Is the parent a Yelm Community Schools <b>employee</b> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where _____

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>
-----------------------------------	--------------

DISTRICT USE ONLY			
<i>Resident Principal Recommendation (assigned school)</i>	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Initials _____
<i>Non-Resident Principal Recommendation (requested school)</i>	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Initials _____
<i>Director of Student Support Recommendation, if applicable</i>	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Initials _____

**Having examined the above, this transfer request for the 2023-2024 school year is:**      **Approved**       **Denied**

<b>SUPERINTENDENT/DESIGNEE SIGNATURE:</b>	<b>DATE:</b>
---	--------------