



Kent School District No. 415  
12033 SE 256<sup>th</sup> Street, Kent, WA 98030

School Year: \_\_\_\_\_

## Resident Student Assignment Change of Address Form

Directions: Please use a pen and clearly write or print. Please answer each question completely.

Date: \_\_\_\_\_

1. Student's Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female or  Male

Identify any unique educational programs/classes and services that your student participated in at his/her last school

PROGRAMS	SERVICES	SERVICES
<input type="checkbox"/> Special Education <input type="checkbox"/> ELL/ESL <input type="checkbox"/> Title I/LAP <input type="checkbox"/> Highly Capable	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language Services <input type="checkbox"/> 504 Services	<input type="checkbox"/> Health Plan <input type="checkbox"/> Medication Plan <input type="checkbox"/> Health Care Services – Describe:

2. Student's Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female or  Male

Identify any unique educational programs/classes and services that your student participated in at his/her last school.

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3. Parent/Guardian Name: \_\_\_\_\_

**New Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ **Move In Date:** \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (parent contact): \_\_\_\_\_

4. Name of student's current school: \_\_\_\_\_

5. Name of new boundary school: \_\_\_\_\_

6. Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As the parent/guardian of (PLEASE PRINT) \_\_\_\_\_, I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that approval of this request is dependent upon space available at the requested school and the following selection criteria: (3131P, 3.3)

- 3.3.0 For elementary openings, space availability in program, class size, and staffing.
- 3.3.1 For secondary openings based on school projections, staffing, and enrollment guidelines.
- 3.3.2 Whether the parent/guardian can provide transportation. **(3.7 Excessive tardies and absences due to parent transportation may be cause for termination of this agreement.)**
- 3.4 If a student moves into another resident attendance area during the current school year (mid-year-move)
- 3.4.1 The parent/guardian has the option of enrolling their student in the new boundary school or completing the remainder of the school year at the school he or she has been attending.
- 3.4.3 If the parent/guardian wishes for the student to remain at their current school, the request will be reviewed based on space availability, program capacity, enrollment, and impact at the current school and/or boundary school. If approved, the student may remain at their current school until the end of the school year. The student will be withdrawn at the end of the school year and will enroll in their boundary area school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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**Based on space available in the grade, classes, and program:**

Name of Program: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied \_\_\_\_\_

Supporting Comments: \_\_\_\_\_

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Signature of Program Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval or denial of transfer is based on space available in the grade, classes, caseload, current attendance record, and ability for parent to provide transportation. Request to remain at current school until the end of the school year is:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Supporting Comments: \_\_\_\_\_

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**Signature of Superintendent's Designee:** \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Designee, Student and Family Support Services

*To Kent School this will certify concurrence in the above request and acceptance of the above-named student, subject to District policies and procedures (3131, 3131P) and any state statutory or regulatory requirements.*