



Kent School District No. 415
12033 SE 256th Street, Kent, WA 98030

Resident Student Transfer Application 2016-2017 Child-Care Request

For daily childcare purposes, students in kindergarten through sixth grade may be approved to attend a school other than the school serving their boundary. **The single head of household or both heads of household, must be employed or attending school full time, which necessitates the requested child-care service be located outside the child's boundary service area.**

Please use a pen and clearly fill in. Please answer each question completely. Responses to all questions are required. The primary mode of notification will be email. Please make sure that your email address is legible.

Date: _____

1. Student's Legal Name: _____ Gender: Female or Male

Birthdate: _____ Student I.D. Number: _____ 2016-2017 Grade: _____

Address: _____ City: _____ Zip Code: _____

Telephone (home): _____ Telephone (parent contact): _____

Parent/Guardian Email Address: _____

2. Name of student's boundary school: _____

3. Name of requested school – First Choice: _____

Second Choice: _____

4. Please list any siblings currently attending the requested school: _____

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

5. Parent(s)/Guardian(s):

Mother: _____ Father: _____

Place of Employment/Education: _____ Place of Employment/Education: _____

6. Child-Care Provider: _____ Phone: _____

Child-Care Address: _____
Street City State Zip

7. Child-Care provider transports to the following KSD schools: _____

If child care services are terminated with the above named provider, parent/guardians have one week to notify the Student Services Department and request a different type of transfer waiver or to inform them of the new childcare provider. Failure to notify the district in a timely fashion may be cause to revoke the transfer.

By requesting a student transfer the parent is agreeing to the following conditions. Please initial next to each bullet to indicate that you have read and agree:

- Parent/guardian will be responsible for arranging transportation with their childcare provider.
- Parent/guardian will immediately notify the Student Services Department if the conditions change regarding the reason given for the transfer request.
- Parent/guardian understand that a transfer request may be revoked at any point for the following reason(s):
 - Excessive tardiness or absences due to parent/guardian and/or Childcare Provider transportation issues (after reasonable steps have been taken to solve the issue).
 - Increased enrollment at requested school causes school. Grade or program to be in an overload condition.
 - Services with the above named provider ends and parent/guardian fails to notify Student Services Department within a week.

As the parent/guardian of (Student's name) _____, I hereby certify that I have read all the conditions above and that the information provided on this form is true and correct to the best of my knowledge. I understand that approval of this request is dependent upon space availability at the requested school. I further agree that any placements are conditional and the transfer may be revoked based on the conditions above. (3131P, 3.3)

- **The parent is responsible for arranging transportation for their child(ren) with their child-care provider.**
- Once approved, resident student transfers for child-care are reviewed yearly for verification of employment/school attendance and enrollment at the child-care service. When the student completes the final grade in that school, the student will return to his/her home boundary school for the next grade level. (3131P, Sec. 4.8)

Parent/Guardian Signature: _____ Date: _____

**FOR OFFICE USE ONLY:
Childcare Verification:**

Date: _____ Confirmed: Yes _____ No _____ Notes _____

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

Program Caseload- Current School: _____ Requested School: _____

Name of Program: _____ Approved: _____ Denied _____

Signature of Program Executive Director: _____ Date: _____

Approval or denial of the child-care waiver is based on space available in the grade, classes, and program, together with a review of the student's records. This child-care request application is:

Request Approved: _____ Denied: _____ If denied, reason why: _____

Parent/guardian accepted transfer: _____ Rejected: _____ Date: _____

Signature of Program Executive Director: _____ Date: _____

To Kent School District 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.