

**Please check what type of transfer you are applying for:**

**Employee request**  
*Please circle if:*  
**Resident or Non-Resident**

**Sibling of current transfer student,  
or sibling of student in a special program-  
(SPED or Hi-cap)**

Directions: Please use a pen and clearly write or print. Please answer each question completely. Responses to all questions are required. The primary mode of notification will be email. Please make sure your email address is legible.

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

Student's Birthdate: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_ 2017-2018 Grade: \_\_\_\_\_  
Must be 5 by 08/31/2017

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Parent/guardian Email Address: \_\_\_\_\_

3. Name of student's boundary school: \_\_\_\_\_ District: \_\_\_\_\_

4. Name of requested school (may choose up to three, please list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**When a seat is available in one of the above selected schools, parents will be notified and will have one week to accept or reject the transfer. Once a transfer is accepted the student will be withdrawn from their neighborhood school at the end of the school year and must enroll in their approved school. Once a parent accepts placement in any of their requested schools they will be removed from all other requested school waitlists.**

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

PROGRAMS		
<input type="checkbox"/> Special Education	<input type="checkbox"/> Dual Language	<input type="checkbox"/> Highly Capable

6. If you are requesting an **"employee transfer"**, please fill out the following:

Work location: \_\_\_\_\_ Position: \_\_\_\_\_ Phone ext.: \_\_\_\_\_

Assignment: if certificated, FTE: \_\_\_\_\_ If classified, number of assigned hours \_\_\_\_\_ and \_\_\_\_\_ days per year.

7. If you are requesting a **"sibling transfer"** please list, the siblings below along with grade and school they are attending:

\_\_\_\_\_

If you are requesting a **"sibling child care waiver" (Elementary only)** please fill out the following information:

\*\*CHILD CARE WILL BE VERIFIED DURING THE SUMMER MONTHS

Child care provider: \_\_\_\_\_ PH: \_\_\_\_\_

Child care address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Child care transports to the following KSD schools: \_\_\_\_\_

By requesting a student transfer the parent is agreeing to the following conditions. You must initial next to each statement to indicate that you have read and agree.

- \_\_\_\_\_ Parent/guardian will be responsible for transporting their child to and from school.
- \_\_\_\_\_ 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 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.
  - Conditions no longer exist that necessitated the transfer.

8. Has your student ever been expelled or suspended from school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, write the name of the school(s) include the length of all suspensions and expulsions, dates, and explain the circumstances. \_\_\_\_\_

9. Does your student have a history of offenses or crimes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, write the name of the school(s) include the length of all suspensions and expulsions, dates, and explain the circumstances. \_\_\_\_\_

10. Do your student's disciplinary records include incidents of violent or disruptive behavior or gang membership?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain the circumstances and provide the name of the school(s), the school district(s), and the approximate date of the incidents. \_\_\_\_\_

**Important: A request for change in student assignment will not be approved for athletic or co-curricular activity reasons. (As per WIAA regulations, students transferring from one high school to another high school within the Kent School District, without a corresponding change in home residence with natural parents or legal guardians, will be deemed ineligible for a one-year period at the varsity level of sports.)**

As the parent/guardian of (student name) \_\_\_\_\_, 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 availability at the requested school. For elementary openings, space availability in program, class size and staffing. For secondary openings based on school projections, staffing, and enrollment guidelines. I further agree that any placements are conditional and the transfer may be revoked based on the conditions above. (3131P)

- Once approved, the resident student transfer is effective for the duration of the student's career at the school in which the student transferred. Once the student completes the final grade in that school, the student will return to his/her home boundary school for the next grade. (3131P)
- Non-resident employee and child care waivers must be renewed on a yearly basis.
- If the parent/guardian of a student on a transfer wishes to return to their boundary school, they should notify the Student Services Department at the Kent school District Office. Student will be allowed to return to boundary school at the natural grading period if room exists at the school.

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:**

IE: Program Caseload- Current School \_\_\_\_\_ Requested School \_\_\_\_\_

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

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

Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ If denied give reason why: \_\_\_\_\_

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

*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.*