PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

PUYALLUP SCHOOL DISTRICT 2019-2020

ELEMENTARY REQUEST FOR INTRA-DISTRICT TRANSFER OF SCHOOLS WITHIN THE SCHOOL DISTRICT

Please return application to:
Puyallup School District
Attention: Stacie Estrada
302 – 2nd St. SE
Puyallup, WA 98372

- Due Date: Submission window is **February 14 - March 1** for optimal placement.
- If the request is received after March 1, the next timelines for review are May 1 and June 15. Requests received after June 15 may not be reviewed until after 4th day counts in September.
- Please complete form and return to the district office, not the school.

Student Name _____

Birth Date ____/____/____ Student ID # _____

Parent/Guardian Name _____

Parent E-mail Address _____

Physical Address _____

City, Zip _____

Phone _____

❒ Please check box if this is a NEW ADDRESS

Requested School Year _____ Grade ____
Trimester: First ❒ Second ❒ Third ❒

Resident School _____

Requested School 1st_____ 2nd_____

Name of School Currently Attending _____

Puyallup School District Employee
No ❒ Yes ❒ Location: _____

Sibling currently on a waiver**?**
No ❒ Yes ❒ Which School: _____

Sibling's Name:_____
FIRST LAST

Is there a current discipline infraction? Yes ❒ No ❒

Any special education assistance? *Yes ❒ No ❒

***NEW Students - Please provide copy of IEP.**

Puyallup School District Board Policy No. 3131 states "Transfers may be granted …if:

A. A financial, educational safety, or health condition affecting the student would be reasonably improved as a result of the transfer;
B. Attendance at another school in the District is more accessible to the parent's place of work or to the location of childcare; or
C. There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer.
D. A student who moves to a new attendance area in the District during the school year may elect to transfer at the time of the move or at the end of the trimester or grading period."

Please check one:

Financial	❒	Accessibility	❒
Health Condition	❒	Special Hardship	❒
Educational Safety	❒	Quest	❒

❒ I understand that if this request is approved, **transportation is the parent's responsibility, and that my student will be held to high standards of academic progress, behavior, and attendance in order to maintain the transfer.**

❒ I understand that if this request is approved, my student will not need to apply again as long as he/she attends this building. However, I may rescind the transfer at my discretion.

❒ I understand that if I choose to rescind this transfer, I will do so in writing and submit to the building currently enrolled.

Signature of Parent/Guardian _____ Date ____/____/____

FOR OFFICE USE ONLY

School District Official Signature	Date	Accepted	School	Denied

Denied for transfer due to: _____

Puyallup School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.
Questions and complaints of alleged discrimination may be directed to Human Resources, Amie Brandmire ~ (253) 841-8666; Equity and Achievement, Gerald Denman ~ (253) 840-8966; Title IX Coordinator, Jim Meyerhoff ~ (253) 841-8785; or Section 504 Coordinator, Gerald Denman ~ (253) 840-8966