

PUYALLUP SCHOOL DISTRICT 2020-2021

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

Please return application to:

Puyallup School District
Stacie Estrada (estrasl@puyallup.k12.wa.us)
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 _____

Requested School Year _____ Grade _____
Trimester: First Second Third

Birth Date ____ / ____ / ____ Student ID # _____

Resident School _____

Parent/Guardian Name _____

Requested School 1st _____ 2nd _____

Parent E-mail Address _____

Name of School Currently Attending _____

Physical Address _____

Puyallup School District Employee
No Yes Location: _____

City, Zip _____

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

Phone _____

Sibling's Name: _____
FIRST LAST

Please check box if this is a NEW ADDRESS

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 | <input type="checkbox"/> | Accessibility | <input type="checkbox"/> |
| Health Condition | <input type="checkbox"/> | Special Hardship | <input type="checkbox"/> |
| Educational Safety | <input type="checkbox"/> | Quest | <input type="checkbox"/> |

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
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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; Title IX Coordinator, Jim Meyerhoff ~ (253) 841-8785; or Section 504 Coordinator, Char Krause ~ (253) 435-6515.