

## PUYALLUP SCHOOL DISTRICT 2021-2022

### JUNIOR HIGH 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 – 2<sup>nd</sup> St. SE  
Puyallup, WA 98372

- ♦ Due Date: Submission window is **December 10 - January 10** for optimal placement.
- ♦ If the request is received after January 10, the next timelines for review are April 10 and June 1. Requests received after June 1 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 \_\_\_\_\_  
Semester: First  Second

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID # \_\_\_\_\_

Resident School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Requested School 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

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"/>	

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) 435-6295.