

Peninsula School District #401
14015 - 62nd Ave NW, Gig Harbor WA 98332
(253) 530-1007 Fax: (253) 530-1010

Request to Transfer Within Peninsula School District

Student Name	Request is made for what grade?	Date of Birth
Parent or Guardian Name	Application is for: 20_____ to 20_____ school year	
Street Address (required)	Home Phone (include area code)	
City State Zip	Work Phone (include area code)	
Mailing Address (if different from street address)	Cell Phone (include area code)	
City State Zip	Cell Phone (include area code)	
Resident School (attendance area)	Name of School in Peninsula School District you wish to attend:	

Please "check" appropriate responses (*use back of form for additional comments*):

Services required: ____ ELL ____ Special Education

Other _____

Identify the reason for transfer (check only one):

Continuing Transfer Student

Other: _____

I understand that approval of this transfer request is based on the following:

- Space availability at the school, grade level, and/or program requested. The District reserves the right to rescind the transfer in the event of increased enrollment.
- Transfer is for the current specified year only.
- Transportation to and from receiving school or the closest bus stop to that school becomes the responsibility of the parent or guardian.
- I have read the above and agree to comply with the school district requirements and School Board Policy 3130.

Signature of parent or legal guardian: _____ Date: _____

Action Taken by Peninsula School District
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Y N Is there room in the class, core class, program or activity, or building, as the case may be, to accommodate the transfer?

Y N Is the transfer request made at the recommendation of the Director of Student Services?

Y N Do the district and both buildings mutually agree that an exceptional circumstance exists to allow the transfer?

Comments:

Granted Denied

Signature of Superintendent or designee

Date

Original: District Office