

Application for One Year Non-Residential Admission

Date _____

Griffin (3530 33rd Ave. NW, Olympia WA 98502), **North Thurston** (305 College St. NE, Lacey WA 98516),
Olympia (1113 Legion Way SE, Olympia WA 98501), **Rainier** (PO Box 98, Rainier WA 98576),
Rochester (10140 Hwy 12 SW, Rochester WA 98579), **Tenino** (PO Box 4024, Tenino WA 98589),
Tumwater (621 Linwood Ave SW, Tumwater WA 98512), **Yelm** (PO Box 476, Yelm WA 98597)

The resident school district must first release your child before another school district can accept this request. Separate forms must be completed for each student. In addition to the foregoing, all inter-district transfer requests must be in compliance with the above Districts' policies including, but not limited to, attendance and academic standards. Requests can be denied on the basis of class sizes, re-occurring discipline and/or attendance problems, financial hardships on receiving school district and/or other provisions defined in the above Districts' policies. Also note that requests are approved for no more than one school year. **It is the parent's responsibility to complete a new form each year.**

TO BE COMPLETED BY THE PARENT/GUARDIAN: The criteria for Inter-District Transfer Requests, as established by the Board of Directors in each school district listed above for approval of inter-district transfer requests, is as follows:

- When the student has completed his/her junior year in high school and wishes to continue in the school even though the student's family no longer resides within the district.
- When the student is experiencing adjustment problems and the appropriate officials from both the resident and non-resident school districts believe the student's problems can be alleviated by an inter-district transfer.
- When the Educational Service District Superintendent has authorized an inter-district transfer to afford better educational facilities and effect a savings in the cost of education.
- When attendance in the resident district would impose an undue hardship of a financial, educational, safety or health nature upon the student or his/her parent(s) or other guardian(s) or custodian(s). (For example the student's attendance in the nonresident district makes him or her more accessible to the parent of guardian's place of work or to the location of childcare.)
- Other: _____

Student's Name: _____ Grade: _____ Age: _____

Street Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Signature of Parent/Guardian: _____ Home Phone: _____

Printed Name of Parent/Guardian: _____ Work Phone: _____

Resident School District: _____ Resident School: _____

Last School Attended : _____ Date Attended: _____

Request Transfer to (District): _____ Request Transfer to (School): _____

<input type="checkbox"/> New Request	School year requested: _____	Is your child currently under an expulsion or suspension from another school district?	Is there another child in the family requesting transfer	Is the student enrolled in any SpEd programs?
	<input type="checkbox"/> Renewal Request		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPROVAL OF REQUEST: Requested transfer DOES meet district criteria (checked above) and is granted for the requested school year. If, at any time during the period of the transfer, the object of the transfer is either substantially achieved or is determined to be unobtainable, this transfer agreement may be terminated.

_____ Resident School District Official	_____ Date	_____ Special Education Director	_____ Date
_____ Non-Resident School District Official	_____ Date	_____ Special Education Director	_____ Date

DENIAL OF REQUEST: Requested transfer DOES NOT meet district criteria checked or explained above for this reason _____

_____ Resident School District Official	_____ Date	_____ Special Education Director	_____ Date
_____ Non-Resident School District Official	_____ Date	_____ Special Education Director	_____ Date