Boundary Exception form for students currently attending Barnes, Beacon Hill, Catlin, and Wallace Elementary ONLY

KELSO SCHOOL DISTRICT



In District Boundary Exception
(Resident Student Application for Transfer
Within the Kelso School District)
Please complete and submit to Student Services Department

2021-2022 School Year

Name of Student:		Phone:	
School Year for Which Transfer is Being Requeste		Email:	
Name of Parent:			
Present Address:	City		
New Residence Address (if moving):			
Resident School Student Should Normally Attend:			
School of Current or Most Recent Attendance:		_ Grade student will be ente	ering:
School to Which Admission is Requested: Barn	ies Lexington Wallac	ce	
Specific Reason(s) for Request:		_	
-			_
If reason is daycare, please indicate daycare provioname and address of work place:			, please indicate
Is your child currently being considered or tested f	or a special program such as Spe	ecial Education, 504,	
Gifted, TITLE I/LAP, migrant or bilingua		Yes	No
Is your child in a special program/special education	n?	Yes	No
If yes, which program:			
Please attach a copy of program records,		Summary Analysis.	
Has your child ever been suspended/expe		Yes	No
Date: Pleas	e explain:		
 the parent/guardian providing for transpo the student maintaining regular attendanc whether the student's disciplinary records the student following the rules and regular reserves the right to revoke this transfer a student. If it becomes necessary to change 	e. s indicate a history of violent or or tions applicable to all students at t any time throughout the school the placement of the student, the	disruptive behavior or gang members tending Kelso schools. The nonropear if these conditions are not a his agreement shall become null a	esident school dhered to by the and void.
Date: Paren	nt/Guardian Signature:		
F	OR DISTRICT USE ON	LY	
Principal, Requested School	Recommend Approval	Recommend Disappro	val
Date:	Signature:		
Director of Special Programs (if applicable)	Recommend Approval	Recommend Disappro	val
Date:	Signature:		
Director of Student Services	Recommend Approval	Recommend Disappro	val
Date:	Signature:		
2021-2022 School Year Only			