



School Transfers
3900 Broadway, Everett, WA 98201
Phone: 425-385-4070
Fax: 425-385-4012
Email: schooltransfer@everettsd.org

INTRADISTRICT AREA TRANSFER REQUEST
FOR THE \_\_\_\_\_ - \_\_\_\_\_ SCHOOL YEAR

SUBMIT THIS FORM TO THE SCHOOL YOU ARE REQUESTING TO ATTEND. PLEASE PRINT CLEARLY

OFFICE USE: Date Received

Student ID Number (if known)

Student's Name Birth Date Grade Entering

Home Address City/State Zip Code

Parent/Guardian Name Home Phone Work Phone Email

SCHOOL REQUESTING

CURRENT/LAST SCHOOL

1st Choice School Grade School Grade

2nd Choice School Resident Neighborhood School

REASON FOR REQUEST

- Continuing Student Sibling at School Full Time District Employee Educational Childcare
Home Location Work Location Safety Other

Comments:

- Does the student receive special education services? YES NO If yes, and new to Everett Public Schools, please attach IEP.
Does the student receive Section 504 services? YES NO If yes, and new to Everett Public Schools, please attach 504 plan.
Has the student been suspended/expelled from the previous school? YES NO
Has the student had a Truancy Petition filed (Becca) YES NO

A transfer may be denied or revoked if the student has problems with attendance, tardiness, discipline or if continued enrollment poses a risk to the health and/or safety of other students and staff. Falsification of student information to obtain school assignments may also be cause for revocation. If this request is approved, the parent/guardian has up to ten (10) days after receipt of notice to withdraw the request. If it is not withdrawn within that period, your child must attend the requested school and will not be entitled to attend the resident school for the balance of the current school year. Everett School District makes no provision for transportation for students who live in one service area and wish to attend school in another area. Transportation is the responsibility of the parent/guardian. If this request is denied, the parent/guardian may appeal to the deputy/assistant superintendent for the appropriate school region for review of the decision. Such an appeal must be received in writing within five (5) school business days from the day on which the denial was received by the parent/guardian. A final decision shall be communicated to the parent/guardian in writing.

Date Parent/Guardian Signature

FOR OFFICE USE ONLY

- REQUEST APPROVED APPROVAL ONLY FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR
REQUEST DENIED Reason: Space Availability Attendance Discipline Educational program availability

Signature of Principal/Designee: Date: