

## APPLICATION FOR ATTENDANCE IN NONRESIDENT DISTRICT TWIN HARBORS SCHOOL DISTRICT

- Directions:**
1. carefully read the Criteria for Inter-District Transfer
  2. Complete Section I and return form to the Superintendent's Office of the district to which you are applying
  3. Requests are approved for one year only. Separate forms must be completed for each student
  4. All transfer requests must be in compliance with school district policies and state law.
  5. Requests can be denied on the basis of class size, discipline, attendance issues, financial hardship on the receiving school district and other provisions at district discretion.

**SECTION I. PLEASE PRINT OR TYPE, AND PLEASE PRESS FIRMLY.**

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Resident School District \_\_\_\_\_ School \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Parent Email address \_\_\_\_\_

Requested District \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

- A. Is your child currently receiving special program services?  Yes  No  
 If yes, which program(s)? \_\_\_\_\_
- B. Has your child ever been suspended or expelled for disciplinary reasons?  Yes  No  
 If yes, please attach sheet with explanation.
- C. Reason for requesting transfer (attach additional sheet if necessary):  
 Please be specific, and if reason is child care please include name, address, phone and enrollment date.

If student is a high school student, how many credits will he/she transfer? \_\_\_\_\_

Siblings:	Name	Grade	School

I certify that the above information is accurate and complete. I understand that approval of the above request shall be dependent upon the criteria for inter-district transfers and that I will be responsible for providing transportation to and from school for my child, unless the Non-resident district must provide transportation pursuant to WAC 392-137-235.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

New Request: <input type="checkbox"/>	Effective Start Date: _____	Renewal Request: <input type="checkbox"/>	Effective Start Date: _____
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*(Note: The Non-Resident District needs to accept a student prior to being released by the Resident District)*

**SECTION II: NON-RESIDENT DISTRICT USE ONLY**

DOES NOT AGREE

The \_\_\_\_\_ School District  AGREES to accept the above-named student for the \_\_\_\_\_ school year.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Non-Resident School Superintendent

**SECTION III: RESIDENT DISTRICT USE ONLY**

DOES NOT AGREE

The \_\_\_\_\_ School District  AGREES To release the above named student for the \_\_\_\_\_ school year.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Resident School Superintendent