

APPLICATION FOR RESIDENT TRANSFER BOUNDARY EXCEPTION

Student Name: _____ Birthdate: _____ Current Grade: _____

Street Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Which Shoreline school should your child attend based on the address above: _____

Kindergarten students only All-day kindergarten Half-day kindergarten

For School Year: _____ Student will be in grade: _____

1st Choice School: _____ 2nd Choice: _____ 3rd Choice: _____

Name of CURRENT OR LAST school attended: _____

Identify the specific reason(s) for this request to attend a school other than your home school:

- Continuation Parent/guardian employed by the Shoreline School District
- Closer to home Closer to parent/guardian's work
- Location of childcare Special hardship/detrimental condition (please explain in comments section)
- Safety reasons Educational (please explain in comments section)
- Sibling attends requested school
- Other (please explain): _____

Comments: _____

Has this child been referred to or is currently in any special education program? Yes No In Process

Has this child ever been suspended/expelled from school? Yes No

The parent/guardian assumes responsibility for transporting the student to and from school daily or allows his/her child with a valid driver's license to drive to and from school daily. Parent/guardian certifies that they have read and agree to the terms of the School Board Policies and Procedures relating to the admission of resident students (Policy 3131). Parent/guardian understands that this application may be denied or approval revoked if they have provided the Shoreline School District with false or inaccurate information.

Parents understand that applications are processed in the order received and admission is subject to space availability; information regarding discipline, gang membership, suspension/expulsion; attendance; special services or programs; whether acceptance would result in financial hardship for the district; and whether the request is solely to support athletic or activity interests.

Signature of Parent/Guardian or Adult Student: _____

Printed Name: _____

Relationship to Student: _____ Date: _____

Please deliver/mail original completed form to your 1st choice school
If you have questions, please call the Boundary Office at (206) 368-4771

SHORELINE DISTRICT APPROVAL – SHORELINE DISTRICT USE ONLY

After reviewing the above-mentioned student's application, request for an intradistrict transfer has been:

APPROVED
(Approval may be revoked under the terms identified in Policy & Procedure No. 3131, Resident Attendance Boundary Exceptions)

DENIED
Reason(s) for denial: _____

Signature of Building Principal or Administrator _____ Date _____