

APPLICATION FOR RESIDENT TRANSFER

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

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 Instruction Office at (206) 393-4365

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 _____

Distribute an approved copy to parent.