

**HIGHLINE PUBLIC SCHOOLS**

15675 Ambaum Blvd. SW  
Burien, WA 98166

**IN-DISTRICT TRANSFER REQUEST**

DATE RECEIVED BY SPO \_\_\_\_\_ SCHOOL YEAR TO BECOME EFFECTIVE 2010/2011  
(Student Placement Office) GRADE WHEN TRANSFER IS TO BECOME EFFECTIVE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME/CELL PHONE (include area code) \_\_\_\_\_ WORK PHONE (include area code) \_\_\_\_\_

IS THIS A SPECIAL EDUCATION (IEP) STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_  
IS THIS AN ENGLISH LANGUAGE LEARNER (ELL) STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ GRADE 2009/2010 School Year \_\_\_\_\_

NEIGHBORHOOD SCHOOL \_\_\_\_\_

REQUESTED SCHOOL \_\_\_\_\_

PREVIOUSLY ATTENDED THIS SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_ FOR WHAT YEAR/GRADE? \_\_\_\_\_

**TRANSFER REASONS IN PRIORITY ORDER**

**(Please attach a written explanation for the transfer request.)**

- \_\_\_ Hardship (attach documentation)
- \_\_\_ Sibling
- \_\_\_ Special subject and or specialized course of study \_\_\_\_\_
- \_\_\_ Child of current Highline Public School District employee

\_\_\_\_\_  
Signature of Parent/Guardian (or student if 18 or over)

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**APPROVED**  Office of Student Placement: \_\_\_\_\_

**DENIED**   
(Explain below)

COMMENTS \_\_\_\_\_

\_\_\_\_\_

## GENERAL TRANSFER PROCEDURES

1. Student transfers will be approved as per district policy/procedure 3132/3132P.
  - A. An In-District Transfer Request form must be completed by the parent(s)/guardian(s) of the student for each student seeking a transfer and submitted to the Student Placement Office (SPO). The decision will be based upon the transfer priorities. If the transfer is approved, the Student Placement Office will communicate the approval to the parent/ guardian in writing, will complete the form and send one copy of the form to the requested school, and keep one copy on file. If the request for transfer is denied, the Student Placement Office will communicate the denial to the parent/guardian in writing, specifying the reason for denial, complete the form and send one copy of the form to the requested school, and keep one copy on file.

**If a transfer is denied, an individual may file a written letter requesting reconsideration to the Student Placement Office within ten (10) school business days of receipt of denial letter. The appropriate Executive Director will review all relevant information regarding the denial and either uphold the decision or grant the transfer. The decision will be communicated in writing.**

**If capacity is the reason for denial, there is no appeal.**

- B. Applications will be accepted for consideration for the following school year from January 1 through April 15 of the current school year. The district will notify of approval or denial by June 30. \*Dual Language – please refer to Dual Language application dates.
  - C. Applications received after April 15 of the current year but before the last day of school will be resolved with approval or denial by June 30 for secondary and one week prior to school starting for elementary in accordance with the transfer priorities. Applications will not be accepted after the last day of the current school year except in extenuating circumstances.
2. **Falsification of an address or residence (or conditions of living arrangement) to obtain a school assignment will be cause for the revocation of the student’s school assignment and return to the proper school assignment and forfeiture of any future transfer rights through the highest grade level of that school.**
3. Please note: Transportation is not provided unless noted in Policy 3132P.

### INSTRUCTIONS FOR COMPLETING THE TRANSFER APPLICATION

**CURRENT SCHOOL:** List the current school your child is now attending (list neighborhood school for pre-kindergarten).

**NEIGHBORHOOD SCHOOL:** If your child has already transferred out of the neighborhood school, please list the neighborhood school.

**REQUESTED SCHOOL:** List the school to which you are requesting a transfer.

**EXPLANATION OF TRANSFER REASONS:** Check the reason you are requesting the transfer and attach a written explanation. (Criteria established by the School Board, Board Policy/Procedure 3132/3132P)

**Hardship:** Severe hardship is defined as any condition that directly interferes with the student’s ability to attend school or to make reasonable educational progress or any condition that requires the student or the parents to make inordinate, unreasonable or excessive sacrifices to maintain the student’s attendance.

**Siblings:** Sibling transfers will be considered on a space available basis.

**Special Subject Transfer Request:** Full details are provided in the Student Assignment and Transfer Guidelines. Please identify the special course title.

**Child of current Highline Public School employee**