



Interdistrict Student Transfer Request Form and Agreement

Student's Name _____ Birthdate _____ Grade _____
Address _____ City _____ Zip _____ Phone _____
School Last Attended _____ District _____

I hereby request that the above named child be permitted to attend in the _____
School District for the 20 ____ 20 ____ school year for the following reason(s) _____

Requested School _____

Is your student currently in a special education program or being tested for one? Yes ____ No ____

I understand that I must assume responsibility for transportation and supervision to and from school. I further understand that approval of the above request shall be dependent upon space availability in the appropriate course, grades and/or program at the nonresident school, that the student shall attend school at least 90 percent of the time including tardies and that he/she will follow rules and regulations applicable to all students. I realize this request is only applicable for one school year. Should I wish my child to continue attendance the following year, I must re-apply to the district. I certify this information given above is true and accurate.

Parent/Legal Guardian (Signature) (Print Name) Date: _____

Signature of student if student is 18 years of age or older _____ Date: _____

To be completed by the Enumclaw School District when releasing student:

Having examined the circumstances and facts stated above and agreeing that the student will be best accommodated by the nonresident district, the Enumclaw School District releases said student and agrees to waive attendance claims and state apportionment from _____ 20 ____ to _____ 20 ____.

Superintendent of Schools/Designee _____ Date _____

(If the Enumclaw School District is releasing this student, the accepting district does not need to fill out the accepting district portion & return it to us.)

To be completed by the Accepting School District:

Based on the circumstances and facts stated above, the _____ School District agrees to accept the above-named student from _____ 20 ____ to _____ 20 ____ only, subject to the school district's regulations and RCW 28A.225.220.

In accordance with Washington Interscholastic Activities Association (WIAA) rules, waive of attendance does not grant automatic participation in interscholastic activities governed by the WIAA. Parents of students who may desire to participate in WIAA functions should consult the receiving school principal regarding eligibility for interscholastic activities.

This waiver is granted on the condition the student will not be in need of special education and related services. If, after enrolling in the Enumclaw School District the student becomes a focus of concern for special education, the focus of concern will be brought to the attention of the student's resident district. The resident district shall be responsible for eligibility documentation and program placements in accordance to RCW 28A.225.220, RCW 28A.225.225. If the student is found eligible for special education and the resident district requests the Enumclaw School District to provide special education and related services, this may be done through an interdistrict contractual agreement in accordance to WAC 392-137, WAC 392-171-491.

Superintendent of Schools/Designee _____ Date _____

Copies sent: School District _____ Parent/Student _____ School _____