

For School Year & Grade:

New Request

Application for Transfer from Resident School

Tahoma School District Resident Students

Parent/guardian is responsible for student's transportation if this application is approved. Student is subject to WIAA eligibility rules for athletes.

PLEASE PRINT

Student Name: _____ Current Grade: _____ Date of Birth: _____

Student Address/City: _____ Zip Code: _____

Parent/Guardian Name: _____ Parent/Guardian Email: _____

Home Telephone: _____ Work Telephone: _____

Student Resides in Tahoma School District? Y N Currently Enrolled in Tahoma School District? Y N

Resident School: _____ School/Program Requested: _____

Please check all that apply: Special Ed 504 Discipline Issues Regular Ed BECCA

The following are reasons waivers may be granted. Please check any that apply:

Parent's place of work is closer to the school being requested
Parent/Guardian Employer: _____

Parent/Guardian Employment Address: _____

Parent/Guardian Employer Phone: _____

Child care is closer to the school being requested
Childcare Provider: _____

Childcare Provider Address: _____

Childcare Provider Phone: _____

Days Childcare Provided: _____

Childcare Provider Signature: _____

Special hardship or detrimental condition affecting the student or the student's immediate family that would be alleviated as a result of the transfer. Special hardship or detrimental condition includes, but is not limited to, the following:

A student who moves to a new attendance area in the district during the school year may elect to transfer at the time of the move or at the end of the semester or grading period.

A senior may elect to finish the school year without transferring to a new school, but must declare his or her preference prior to the beginning of the last semester.

Other, please explain _____

District full-time certificated employee: Location: _____ Position: _____

District full-time classified employee: Location: _____ Position: _____

Parent/Guardian Signature: _____ Date: _____

To be Completed by District:

Recommendation: Approved Denied

From _____ (month) _____ (year) to _____ (month) _____ (year)

Comments: _____

District Authorized Signature: _____

Date: _____ Title: _____