

Parent-Initiated Request for Student Transfer

Student No. _____

Dear Parent/Guardian:

Rules governing the transfer of students within the Tacoma school district are described in Regulation 3131R, which may be found at www.tacoma.k12.wa.us/distinfo/policies/3131R.pdf. That regulation describes the steps parents and staff are to follow when considering a within-district transfer. We suggest you obtain a copy of this regulation; staff at your child's school can assist you if you do not have internet access. Transferring to another school may affect your child's eligibility for transportation; you are encouraged to check with the district's Transportation Department at 571-1853 for details. Transferring to another high school may change your child's athletic eligibility; parents of high school students are encouraged to contact the school athletic department for clarification.

Complete the information below and arrange a meeting with the principal of the school that will be releasing your child.

All requests for transfers must begin at the student's current school.

Student Name _____ Birth date _____ Grade _____

Student Resident Address _____

Current (Releasing) school _____ Requested (Receiving) school _____

Requested effective date of transfer _____

Valid reasons for a transfer are listed below. The responsibility for providing documentation for the request rests with the parent/guardian. Capacity, staffing, and program limitations may prevent the district from granting a parent-initiated request for a transfer. Those limitations are described in Regulation 3131R.

For a **Standard Request**, indicate the reason for your transfer request by checking the appropriate box(es) below.

- To meet special program needs (for example: special courses, programs, facilities);
- To assist with a documented health condition;
- To change peer group relationships from a situation that the parent/guardian can substantiate as being harmful or deleterious;
- To respond to a changed home condition (for example: change of address, joint custody, residing with relatives, family hardship); or
- To accommodate the parent/guardian work schedule and resultant after school childcare needs for elementary students.

For a **Focused School Request** check the box below.

- Current (or next year) school has been identified by the state as being in need of focused assistance.

Parent/Guardian Name _____ Signature _____ Date _____

SENDING-SCHOOL PRINCIPAL,

Complete the information below, including the disposition of the request. If the transfer is pending, specify a date for review and deny/approve on or before that date. If the transfer is approved, coordinate the date of transfer with the receiving-school principal.

Date of meeting between principal (sending school) and parent _____

DISPOSITION

- **Approved; effective date _____**
- **Pending. Impact on capacity/staffing/program will be reviewed on or before _____**
- **Denied due to impact on capacity/staffing/program at sending and/or receiving school**
- **Denied due to invalid reason(s) for transfer**

Principal Name _____ Signature _____ Date _____