ISSAQUAH SCHOOL DISTRICT 411

Form 3131F

# In-District Transfer Request

Date of Request: _____ For School Year: 20___ to 20___

Student _____ M__F__ ___/___/___
**First Middle Last Gender Birth Date**

Is requesting to attend_____ for the 20___to 20___school year in grade___. The student is now attending_____ in grade___. The student's neighborhood/home school is_____Reason for transfer request: _____

_____

_____

Parent/Guardian (please print) _____

_____, WA _____
**Residence Address City Zip**

(_____) _____ - _____ _____
**Phone E-mail**

**"I (we) have read the District Regulation and Procedure 3131 - In-District Student Transfers. I (we) understand the conditions for open enrollment, including varsity athletic eligibility, and agree to abide by them as in-district transfer students in an ISD school." In addition, I (we) understand in-district student transfer is only open to those students who are in good academic standing (no F grades and above 2.0 GPA), have satisfactory attendance (no unexcused absences or excessive tardiness), and have no severe behavior violations (i.e. suspensions). Residency verification is a parent responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment. "I (we) agree to notify the Issaquah School District in writing within five (5) school days following any change of my/our residency."**

_____ _____
Parent/Guardian Signature Student's Signature
**(Must be 18 years of age or older)**

**Return signed form to: Issaquah School District - 5150 220th Avenue SE - Issaquah, WA 98029**
**Fax: 425-837-7117 or E-mail: romanod@issaquah.wednet.edu**

**(This portion of form for district use only)**

The above request is: ❒ **Approved** ❒ **Denied** **Comments:** _____

_____

_____ ____/_____/___
**Enrollment Coordinator** **Date**

**Copy sent to family ☐ Date:** _____ **Data entered ☐ By:** _____ **Date:** _____