



IN-DISTRICT TRANSFER REQUEST FORM
Student Services Office
9401 Sharon Drive – Everett, WA 98204

OFFICE USE – Date received:

FOR THE _____ SCHOOL YEAR

New Request

Each student in the district is required to attend the school designated by the geographic attendance area in which he/she resides. A parent/guardian may request that their child be allowed to attend another school in the District by completing this form. Students are required to register at their attendance area school pending transfer approval. New requests for non-attendance area schools are also required for 6th and 9th grades. Please refer to Mukilteo School District (MSD) Board Policy No. 3131 and Procedures 3131-P for more information.

Student Name (First, Last) _____

Birthdate _____ Grade Entering _____

Home Address _____ Apt # _____ City _____ Zip _____

Parent/Guardian Name _____ Phone Number _____

Parent Email address _____

School Requested (one school only):

School Last Year: _____
Resident Area School: _____

REASON FOR THE REQUEST:

Comments: _____

- Does the student receive Special Education/Related Services? () YES () NO
Does the student receive ELL Services? () YES () NO
Is the student a child of a full-time School District Employee? () YES () NO (If yes, location? _____)
Has the student been suspended/expelled from school? () YES () NO (Explain: _____)
Has the student experienced attendance/truancy in the past? () YES () NO (Explain: _____)

A Transfer may be denied or revoked if the student has problems with attendance, tardiness, discipline or if continued enrollment poses a risk to the health and/or safety of other students and staff. Falsification of student information in order to obtain school assignments may also be cause for revocation. Mukilteo School District makes no provisions for transportation for students who live in one service area and wish to attend school in another area. TRANSPORTATION IS THE PARENT/GUARDIAN'S RESPONSIBILITY. If this request is denied, the parent/guardian may appeal. Such an appeal must be in writing and received within five (5) business days from the day on which the denial was received by the parent/guardian. A final decision shall be communicated to the parent/guardian in writing.

Parent/Guardian Signature: _____ Date: _____

****FOR OFFICE USE ONLY****

() REQUEST APPROVED

() REQUEST DENIED

() Space/Capacity

Denial Reason:

() Educational Program Availability

() Discipline/Behaviors

() Attendance and/or Tardiness

() Other: _____

Director of Student Services Signature: _____

Date: _____

Mukilteo School District complies with federal and state rules and regulations and does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following individuals have been designated to handle questions or complaints of alleged discrimination: Title IX Officer - Bruce Hobert (425-356-1325), Section 504 Coordinator - Lisa Pitsch (425-356-1277), and the ADA/Access Coordinator - Karen Mooseker (425-356-1330), all located at 9401 Sharon Drive in Everett, WA 98204. Inquiries regarding ADA/Access issues at Sno-Isle TECH Skills Center should be directed to Maggie Bagwell, Director (425-348-2220) at 9001 Airport Road in Everett, WA 98204.