



Lake Washington School District

Inter District Transfer Application – Form SS097A

Lake Washington School District No. 414
PO Box 97039
Redmond, WA 98073

Date of Birth _____

Date of Application _____

Student Name _____ Effective School Year 20____-20____

Street _____ City _____ Zip _____

Parent Name _____ Home Phone _____ Work Phone _____

School last Attended _____ Grade Entering _____

School Requested _____ District _____

Based on your residential address what school would your student attend in the Lake Washington School District. _____ It is requested that the above named student be granted an inter district transfer, pursuant to WAC 392-001 to 392-137-245.

Reason for request: (circle)

Location of Parent's Work Location of Child Care Special Hardship Detrimental Condition

Financial Educational Safety Health Other (specify) _____

Circle appropriate: False or inaccurate information will be cause for denial or revocation of waiver:

- | | | |
|--|-----|----|
| 1) Currently participate or intends to participate in the school sports program? | Yes | No |
| 2) Student receives Special Education services, IEP in place? | Yes | No |
| 3) Student has a 504 Plan currently in place? | Yes | No |
| 4) Has student been expelled or suspended from a previous school? | Yes | No |
| If yes, explain _____ | | |
| 5) Has student been referred for excess absences from school? | Yes | No |
| If yes, explain _____ | | |

I understand that I, as parent or legal guardian, must assume responsibility for adequate transportation and supervision to and from school. I also understand that the attendance variance requested is conditional upon the availability of space in the school and may be revoked for serious or recurrent conduct, or attendance violations. The school district will deny an attendance variance to students requiring special programming costs.

Parent Signature (if student is under 18 years of age)

Student Signature (if student is over 18 years of age)

ADMISSION MUST BE RENEWED BY PARENT(S) OR LEGAL GUARDIAN EACH SCHOOL YEAR

To Be Completed By Releasing District

The Lake Washington School District hereby releases said student and waives attendance claims and state apportionment claims for said student from _____ 20____ to _____ 20____.

Date Approved _____ Superintendent/Designee _____

To Be Completed By Accepting District

This will certify concurrence of the above findings and/or request and conditions and acceptance of the above named student in the _____ **School District** from _____ 20____ to _____ 20____ subject to the attending school district's regulations and WAC 392-137-001 through WAC 392-137-065.

Request Approved _____ Request Denied _____ Superintendent/Designee _____

Distribution: White: Non-Resident District Yellow: Once Approved to Resident District Pink: Parent Goldenrod: Resident District