

Lake Washington School District

**QUEST PROGRAM FOR HIGHLY CAPABLE STUDENTS**

TRANSFER FORM

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(last) (first) mo day yr

Age \_\_\_\_\_ Current grade \_\_\_\_\_  male  female Ethnicity (optional) \_\_\_\_\_

Enrolled in Lake Washington School District School (required) \_\_\_\_\_

Previous Gifted/Highly Capable Program Participation: School District \_\_\_\_\_

Name of Program \_\_\_\_\_

Address \_\_\_\_\_

Director's Name \_\_\_\_\_ Phone \_\_\_\_\_

Program is  Full Time  Pull Out  Inclusive  Other \_\_\_\_\_

Specific Educational Needs (IEP, 504, ELL, Bilingual, etc.) \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address(es) \_\_\_\_\_

Residential address in the Lake Washington School District Address (required)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Return to the Quest Office: P.O. Box 97039, Redmond, WA 98073**

Phone: (425) 702-3238 Fax: (425) 702-3325