

WHITE RIVER SCHOOL DISTRICT
240 North "A" Street—P O Box 2050
Buckley, Washington 98321-2050
(360) 829-0600
FAX (360) 829-3358
www.whiteriver.wednet.edu

INTRA-DISTRICT STUDENT TRANSFER APPLICATION

Requested School Year 20_____/ 20_____
If Kindergarten: Full Day Early K

Please complete **ONE APPLICATION PER STUDENT**. This application is a new request renewal

Student Name _____ Birthdate _____ Grade (in requested year) _____
Residence Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Phone _____ E-mail Address _____
Student's Resident School _____ Requested School _____
Reason for Request _____

If reason for transfer is day care, please provide: Name of day care provider _____ Address _____ Phone _____	Names of other students for whom you are completing a separate application Name _____ Grade _____ Name _____ Grade _____ <u>If we are unable to approve transfers for all of your children, do you want those who can be accommodated approved?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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➤ Approval of this transfer by the district is for one school year only; therefore, you need to reapply each school year. **Transportation to the requested school is the responsibility of the parent(s).** The information I have provided is true, to the best of my knowledge.

Name of Parent - Please Print

Signature of Parent

Date

FOR OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Comment _____
Superintendent or designee _____		Date _____