

REQUEST FOR TRANSFER WITHIN FIFE SCHOOL DISTRICT
Fife School District Resident Students – Elementary Grades

Fife School District Board Policy 3131 (Student Transfers) and related regulations (School Choice: Transfer Within Fife School District) allow a parent/guardian to request a transfer from a resident school to another district school through an annual application.

Please complete this application and return to the office of the Assistant Superintendent for Elementary Programs, 5802 20th Street E, Tacoma, WA 98424. Applications submitted for the 2016-2017 school year are due no later than **July 1, 2016**. Assignments will be made at the discretion of the Fife School District. Parents/guardians will be notified of acceptance or denial no later than August 1, 2016. If this request is denied, you may appeal in writing to the Superintendent of Fife Public Schools, 5802 20th Street E, Tacoma, WA 98424. The written appeal is to be submitted within five (5) calendar days.

2016 – 2017 School Year

Initial Request Renewal

Student: _____ Birthdate: _____ Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Resident School: _____ Requested School: _____
Grade Level to be enrolled in _____
School(s) attended in last three school years:

Reason for Request: _____

DOES STUDENT CURRENTLY QUALIFY FOR SPECIAL PROGRAMS? (Circle One) Yes No

Approval of this request will be determined by the Assistant Superintendent. Approval will be contingent on the following conditions:

- Parent/guardian assumes full responsibility for adequate and timely transportation.
- Adequate space and facilities are available to meet the student’s instructional needs.
- Appropriate educational programs or services are available to serve the student.
- The transfer is not likely to create a risk to the health or safety or other students or staff.
- Student has demonstrated regular attendance, positive academic effort, and good behavior.
- “Choice” students will have lower priority if transfer of students to other schools is required due to overcrowding.

(If any of these conditions are not met on a continuing basis, the transfer may be rescinded.)

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Application received on _____ Initialed by: _____

Conditional Approved (Approval is for the 2016-2017 school year.)
(If any of these conditions are not met on a continuing basis, the transfer may be rescinded.)

Denied Reason for Denial:

Date: _____

Ben Ramirez
Assistant Superintendent