DATE RECEIVED:	WISHKAH VALLEY SCHOOL					FOR SCHOOL YEAR:			
Non-Re	esid	ent CHOIC	E Transfe	r Reau	uest	t			
	Refore another pliance voliscipline sible for	(OUT OF ther school district ca with the District's poli and/or attendance p providing transportat	ttendance DISTRICT) an accept this reques icies including but no problems, financial ha	Form st. Separate t limited to a	forms ı attendar receivii	must be comp nce and acade ng school disti	emic standards. Requests can be rict and/or other provisions		
STUDENT NAME:		FOR GRADE:	DATE OF	BIRT	Ή:	□ New Request □ Renewal			
PARENT/GUARDIAN NAME (please print):		HOME PHONE:			WORK OR	CELL PHONE:			
STREET ADDRESS: CI		CITY / ZIP:				EMAIL 1 (PARENT):			
MAILING ADDRESS (if different from street address)  MAILIN		MAILING CITY / 2	ILING CITY / ZIP:			EMAIL 2:			
RESIDENT SCHOOL DISTRICT:	RE	RESIDENT SCHOOL:				CURRENT / LAST SCHOOL ATTENDED:			
REQUESTED SCHOOL DISTRICT:	REQUESTED SCHOOL:				DATES ATTENDED:				
REASON FOR TRANSFER REQUEST (If request	is for ch	hild care, please inc	clude address of ch	ild care pro	ovider):				
DOES YOUR CHILD HAVE A GOOD ATTENDANCE RECORD? YES NO If NO, please explain:	HAS YOUR CHILD BEI EXPELLED FROM AND YES NO If yes, please explain:			OTHER SCHOOL?			S YOUR CHILD ENROLLED IN A SPECIAL PROGRAM?  YES NO		
LIST ANY MEDICAL OR BEHAVIORAL CONCER	RNS AFI	FECTING YOUR C	HILD'S EDUCATION	ONAL NEE	DS:				
PARENT/GUARDIAN SIGNATURE:				DATE:					
CRITERIA for Choice Inter-District Transfers are established appropriate officials from both resident and non-resident so outside the student's home attendance area district; when attendance in the resident school district would not afford to Educational Service District Superintendent authorizes and	chool dis attendar he stude	stricts believing the st nce in the resident dis ent access to specific	tudent's problems ca strict would impose a educational progran	n be alleviat an undue ha ns that would	ted by a rdship d d enha	an inter-distriction the student need their educ	t transfer; daycare provider residir t or parents/guardians; when ational goals; when the	ng	
APPROVAL OF REQUEST: Requested transfer <i>meets</i> substantially achieved or is determined to be unobtainable, this trans approved for one school year only.	district crite sfer agreen	eria and is granted for the nent may be terminated. Pa	requested school year. If, arent/Guardian is responsi	at any time, dur ible for providin	ing the pe g transpo	eriod of the transfertation at no cost	er, the objective of the transfer is either to the accepting school district. <i>Transfer is</i>		
Resident School District - Release Date	Date		Special Education Director - Releas				Date		
Non-Resident School District Date	Date		Special Education Director				Date		
DENIAL OF REQUEST: Requested transfer does	s not mee	et district criteria. The re	eason for denial of this	transfer is pro	vided be	elow:			
Resident School District Date	Date		Special Education Director				Date		
Non-Resident School District Date	Date		Special Education Director			<del></del>	Date		

Reason for Denial: