

Washington County School District
Application to Attend School Out of the Boundary
ELEMENTARY

Date Rec'd: _____
Fee: \$5.00 _____

Student _____ Student's Grade at Requested School _____

Student _____ Student's Grade at Requested School _____

School Requested _____

School Currently / or Should Attend _____

Name of Parent / Legal Guardian _____

Address and Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Proposed Date for Student to Begin Attending Requested School _____

Please indicate the reason for the request (you may attach pages if needed) Make sure you read and sign the back side of this application.

SCHOOL USE ONLY

Principal: Requested School _____ Date _____

Reviewed by Principal of Current School on (date) _____

TRANSFER IS:

APPROVED

DENIED

PLEASE MAKE SURE YOU READ AND UNDERSTAND THE FOLLOWING INFORMATION AND THEN SIGN BELOW:

1. The School District can designate which grade levels, classes, schools, or programs are available for transfer students.
2. The Principal can designate which grades and/or classes are available for transfer students.
3. Transfers are reviewed by the Principals of the current and requested schools and are only approved for compelling and credible reasons.
4. A student must be in and remain in good standing in order to be eligible. The receiving school reserves the right to revoke the transfer if the student does not remain in good standing at any time. Approval may be conditionally granted.
5. Approval of this application is for the student in the year (grade) indicated only. Re-application must be made each year (grade). There is no automatic approval for subsequent years or for siblings.
6. Transportation to and from the requested school is the responsibility of the parent/guardian of the student.
7. A non-refundable, one time \$5.00 processing fee will be charged at the time of application. This fee is waived if you qualify for a fee waiver. There is no fee for re-application for subsequent years.
8. You will be notified by phone and/or mail of the decision.

I certify that I have read and understand the above information and agree to abide by these conditions. I understand that this application (or the approval resulting from this application) may be denied if any of the information that I have provided is not complete, true, and accurate.

Signature Parent/ Legal Guardian

Date

Please Print Name