



**Olympia School District**  
111 Bethel St NE  
Olympia WA 98506

# Inter-District Transfer Agreement

**Griffin**, 6530 33<sup>rd</sup> Ave NW, Olympia 98502  
**North Thurston**, 6620 Carpenter Rd NE, Lacey 98516  
**Rochester**, 10140 Hwy 12 SW, Rochester 98579  
**Tumwater**, 621 Linwood Ave SW, Tumwater 98512

**Rainier**, PO Box 98, Rainier 98576  
**Tenino**, PO Box 4024, Tenino 98589  
**Yelm**, PO Box 476, Yelm 98597

**Date:** \_\_\_\_\_ **School Year Requested:** **2020-21**

The resident school district must first release your child before another school district can accept this request. Separate forms must be completed for each student. In addition to the foregoing, all inter-district transfer requests must be in compliance with the District's policies. Requests can be denied on the basis of class sizes, financial hardships on receiving school district and/or other provisions defined in the above District's policies. Also note that requests are approved for no more than one school year. (It is the parent's/guardian's responsibility to complete a new form each year.) The parent/guardian must provide transportation.

<b>TO BE COMPLETED BY THE LEGAL PARENT/GUARDIAN</b>		<input type="checkbox"/> <b>NEW REQUEST</b>	<input type="checkbox"/> <b>RENEWAL REQUEST</b>
Student's Legal Name:		Date of Birth:	Age:
Parent/Legal Guardian's Printed Name:		Grade Level for Requested School Year:	
Home Phone:		Cell Phone:	
Student's Street Address:		City/Zip:	
Mailing Address (if different from above):			
Resident School District:		Resident School:	
Request Transfer to (District):		Requested School:	
Last School Attended:		Date Attended:	

<b>PLEASE CHECK ONE OF THE FOLLOWING CRITERIA FOR YOUR TRANSFER REQUEST</b>	
<input type="checkbox"/> <b>Employee:</b> Parent/guardian is a full-time certificated or classified employee of OSD.	
<input type="checkbox"/> <b>Sibling:</b> Sibling attends requested school.	
<input type="checkbox"/> <b>Other:</b> Please explain. Attach additional information if needed.	

Has your child been suspended or expelled from another school and/or district? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child enrolled in a special education program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should the school be advised of any behavior concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL OF REQUEST:** Requested transfer **DOES** meet District criteria: class size and service providers have capacity therefore enrollment is granted for the requested school year. If, at any time during the period of the transfer, the object of the transfer is either substantially achieved or is determined to be unobtainable, this transfer agreement may be terminated. Parent/Legal Guardian is responsible for providing transportation at no cost to the accepting school district. **Transfer request is for one school year only.**

_____ Resident School District Official	_____ Date	_____ Special Education Director	_____ Date
_____ Non-Resident School District Official	_____ Date	_____ Special Education Director	_____ Date

**DENIAL OF REQUEST** Requested transfer **DOES NOT** meet District criteria, class size or services caseload is above standards. The reason for denial of this transfer is: \_\_\_\_\_

_____ Resident School District Official	_____ Date	_____ Special Education Director	_____ Date
_____ Non-Resident School District Official	_____ Date	_____ Special Education Director	_____ Date