



ORTING SCHOOL DISTRICT

ELEMENTARY REQUEST FOR INTRA-DISTRICT TRANSFER OF SCHOOLS WITHIN THE SCHOOL DISTRICT

Please return application to:

Orting School District
121 Whitesell ST NE
Orting, WA 98360
garciaj@orting.wednet.edu

- ❖ Due Date: Submission window is **February 14 – March 1** for optimal placement.
- ❖ If the request is received after March 1, the next timelines for review are May 1 and June 15. Requests received after June 15 may not be reviewed until after 4th day counts in September.
- ❖ Please complete form and return to the district office, not the school.

Student Name _____ Requested School Year _____ Grade _____

Birthdate _____ School Currently Attending _____

Parent/Guardian Name _____ Requested School _____

Parent E-mail Address _____ Orting School District Employee: NO ___ YES ___

Physical Address _____ Sibling(s) currently enrolled at: OES ___ PTR ___

City, Zip _____ Sibling(s) currently on a waiver? NO ___ YES ___

Phone _____ Is there a current discipline infraction? NO ___ YES ___

Any special education assistance: NO ___ YES ___

Orting School District Board Policy No. 3131 states "Transfers may be granted ...if:

- A. A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer;
- B. Attendance at another school in the District is more accessible to the parent's place of work or to the location of childcare; or
- C. There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer.
- D. A student who moves to a new attendance area in the District during the school year may elect to transfer at the time of the move or at the end of the trimester or grading period."

PLEASE CHECK ONE:

Financial	_____	Accessibility	_____
Health Condition	_____	Special Hardship	_____
Educational	_____	Detrimental Condition	_____
Safety	_____		

Additional Comments: _____

My signature indicates that I have read and understand the conditions below

I understand that if this request is approved, **transportation may be the parent's responsibility, and that my student will be held to high standards of academic progress, behavior, and attendance in order to maintain the transfer.**

I understand that if this request is approved, my student will not need to apply again as long as he/she attends this building. However, I may rescind the transfer at my discretion.

I understand that if I choose to rescind this transfer, I will do so in writing and submit to the building currently enrolled.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

School District Official Signature _____ Date _____ Accepted _____ Denied _____

Denied for transfer due to: _____