

Pasco School District
High School Request for Attendance Zone Transfer Board Policy 3131

School Year: 2023 – 2024

Is this a Renewal Request: YES NO

| Student Name | Grade | Student ID # |
|--------------|-------|--------------|
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| | | |
| | | |

Parent/Guardian Information:

Name: _____

Address: _____

Phone (Home/Cell/Work): _____

Is Parent/Guardian a PSD Employee? YES NO

If yes, Work Location: _____

Transfer Request:

Assigned High School: _____

Requested High School: _____

Reason for requesting transfer: FRESHMAN LOTTERY

Transportation:

Method of transporting student to/from school will be:

The application for transfer out of your attendance area brings with it certain responsibilities. Good attendance habits play a large part in the student's learning achievement. It is the parent's responsibility to make sure the student is getting to school every day, on time. When the student is ill or there is a family emergency, it is the parent's responsibility to inform the school immediately of the situation. Excessive absences, tardiness, and/or discipline issues may render this transfer request null and void and the student may be returned to their boundary area school.

For purposes of this policy and procedure, "hardship" means a unique circumstance beyond the control of the student and/or parent or guardian requiring a waiver of residence. Curriculum offerings, usual maturation problems, family situations, or peer relationships do not constitute a hardship. The burden of providing evidence that a hardship exists shall be borne by the student. There must be a direct causal relationship between the claimed hardship and the student's request for a transfer.

Your signature below indicates you understand the Pasco School District Attendance Zone Transfer board policy and procedures 3131 and your responsibilities regarding transportation and attendance.

Parent/Guardian Signature: _____ Date: _____

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|--|
| District Use Only: [Date Stamp] |
| <p>Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Parent Notification (initial): _____</p> |

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|---|
| <p>Program Needs – Check any that apply:</p> <p>_____ Highly Capable</p> <p>_____ ELL Services</p> <p>_____ Special Education (IEP)</p> <p>_____ 504 Plan</p> <p>_____ Life Threatening Condition</p> |
| <p>Please Note: It is the parent's responsibility to provide transportation for parent requested transfers to an out-of-attendance area school unless established routes are in place. If it becomes necessary to transfer students to ease overcrowding, students from out-of- attendance-area schools will be the first ones considered.</p> |