

SCHOOL DISTRICT OF WASHINGTON
IN-DISTRICT ELEMENTARY TRANSFER REQUEST
(Transfers may be turned in as early as April 1, 2022)

In accordance with the School District of Washington transfer policy I request that my child(ren) be transferred:

FROM _____ School
(Attendance school based on your residence address)

TO _____ School
(first choice)

OR _____ School
(second choice)

<i>Student Name(s) (please print)</i>	<i>Grade for 2022/2023</i>	<i>Gender</i>	<i>Current School</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give the reason for your request: _____

Parent/Guardian Signature *Date*

Street Address *Telephone Number*

Return this form on or after April 1, 2022 to your school's secretary.

For office use only:

Is this student a child of an SDOW employee? Yes No

Current proof of residency provided? Yes No
 (Transfer will not be considered without current proof of residency)

Date: _____ Time: _____

(Secretary signature)