

LYNDEN SCHOOL DISTRICT 504

1203 Bradley Road  
Lynden, WA 98264

**CHOICE TRANSFER REQUEST**  
APPLICATION FOR NON-RESIDENT ADMISSION

FOR THE SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

GRADE LEVEL FOR YEAR OF TRANSFER: \_\_\_\_\_ RESIDENT SCHOOL DISTRICT: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL YOU ARE REQUESTING A TRANSFER TO: \_\_\_\_\_

**BASIS FOR REQUEST OF RELEASE**

- A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer.
- Attendance at the school requested is more accessible to the parent's place of work or to the location of child care.  
Address: \_\_\_\_\_
- Some other special circumstances affecting the students or student's immediate family which could be alleviated as a result of a transfer. Please explain: \_\_\_\_\_

Parent/Guardian is a Lynden School District Employee  
Parent Name: \_\_\_\_\_ Work assignment: \_\_\_\_\_

- PARENT(S)/GUARDIAN(S)/STUDENT ARE RESPONSIBLE FOR TRANSPORTATION BETWEEN THE STUDENT'S HOME AND THE REQUESTED SCHOOL.
- LACK OF ACADEMIC EFFORT, POOR ATTENDANCE, TARDINESS, OR DISCIPLINE PROBLEMS SHALL PROVIDE JUST CAUSE FOR THE DISTRICT TO RETURN A STUDENT TO HIS/HER ATTENDANCE AREA SCHOOL.
- TRANSFER DENIALS WILL BE MADE NO LATER THAN 5 BUSINESS DAYS PRIOR TO THE FIRST DAY OF SCHOOL.
- IF A TRANSFER REQUEST IS DENIED, THE PARENT/GUARDIAN MAY APPEAL TO THE SUPERINTENDENT OR DESIGNEE IN WRITING WITHIN TEN SCHOOL DAYS OF DENIAL NOTIFICATION FOR A REVIEW OF THE DECISION BY THE BUILDING PRINCIPAL.

Signature below indicates that the parent(s)/guardian(s) have read Policy 3141 and agree to assume the responsibilities associated with an attendance area transfer as listed above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**PLEASE SUBMIT LYNDEN SCHOOL DISTRICT OFFICE - FAX: (360) 354-7662**

**RESIDENT DISTRICT AGREEMENT TO RELEASE**

Request for transfer is:

- APPROVED
- DENIED\*

\_\_\_\_\_  
Resident School District Superintendent Signature

Date: \_\_\_\_\_

\* Reason your request has been denied:

**ACTION BY LYNDEN SCHOOL DISTRICT**

Admission request as a non-resident student is:

- APPROVED
- DENIED\*

\_\_\_\_\_  
Superintendent Signature

Date: \_\_\_\_\_

\* Reason your request has been denied: