

LYNDEN SCHOOL DISTRICT 504

516 Main St  
Lynden, WA 98264

**INTRADISTRICT TRANSFER REQUEST**  
Between Schools Within the Lynden School District

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

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
GRADE LEVEL FOR YEAR OF TRANSFER: \_\_\_\_\_ CURRENT SCHOOL: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ATTENDANCE AREA SCHOOL FOR YOUR HOME ADDRESS: \_\_\_\_\_  
SCHOOL YOU ARE REQUESTING A TRANSFER TO: \_\_\_\_\_

In the space below identify the basis for the request and the specific reason for this transfer request. Please provide as much information as possible; attach supporting documentation as needed.

- 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.
- 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 and Procedure 3130/3130P and agree to assume the responsibilities associated with an attendance area transfer as listed above.

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

**PLEASE SUBMIT TO THE REQUESTED SCHOOL**

<small>DISTRICT USE ONLY</small>	<input type="checkbox"/> Space is available in the grade level or classes at the requested building. <input type="checkbox"/> Space is NOT available in the grade level or classes at the requested building. <input type="checkbox"/> Request is NOT granted due to discipline and/or attendance issues.
Requesting School Principal Signature	Date:
Superintendent Signature	Date: