

**APPLICATION FOR ATTENDANCE IN NONRESIDENT DISTRICT  
GRAYS HARBOR COUNTY SCHOOL DISTRICTS**

- Directions: 1. Carefully read the Criteria for Inter-District Transfer.  
2. Complete section I and return form to the superintendent's office of the district to which you are applying.

**SECTION I. PLEASE PRINT OR TYPE, AND PLEASE PRESS FIRMLY.**

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Resident School District \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Requested District \_\_\_\_\_ School \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Do you request that your child be placed in a special program/special education?  Yes  No

If yes, which program? \_\_\_\_\_  
Please attach a copy of program records (i.e. progress reports or IEP and Summary Analysis).

Has your child ever been suspended or expelled for disciplinary reasons?  Yes  No  
If yes, please attach sheet with explanation.

Reason for requesting transfer (attach additional sheet if necessary):  
Please be specific and if reason is child care please include name, address, phone and enrollment date.

I certify that the above information is accurate and complete. I understand that approval of the above request shall be dependent upon the criteria for interdistrict transfers and that I will be responsible for providing transportation to and from school for my child, unless the nonresident district must provide transportation pursuant to WAC 392-137-235.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II: NON-RESIDENT DISTRICT USE ONLY**

DOES NOT AGREE

The \_\_\_\_\_ school district  AGREES to accept the above named student for the \_\_\_\_\_ school year in the following grade/program and school: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Nonresident School Superintendent

**SECTION III: RESIDENT DISTRICT USE ONLY**

- |  |  |   |  |                                |
|--|--|---|--|--------------------------------|
| <input type="checkbox"/> Financial     | <input type="checkbox"/> Educational       | <input type="checkbox"/> Safety           | <input type="checkbox"/> Health                | <input type="checkbox"/> Other |
| <input type="checkbox"/> Work Location | <input type="checkbox"/> Day Care Location | <input type="checkbox"/> Special Hardship | <input type="checkbox"/> Detrimental Condition |                                |

DOES NOT AGREE

The \_\_\_\_\_ school district  AGREES to release the above named student for the \_\_\_\_\_ school year.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Resident School Superintendent

White - resident district    yellow - non-resident district    pink - receiving school    gold - parent or guardian