

Section I – Student Information

Directions: Please print legibly, using dark ink.

Parent / Legal guardian must complete Section I and Residence District must complete Section II before student may attend classes. The return date may affect order of placement if a waiting list is begun for requested school.. Return completed form directly to the transfer staff at the Jenne-Wright Administrative Center, 9210 Silverdale Way, Silverdale, or mail to: "CKSD - JW Transfers" PO Box 8, Silverdale, WA 98383. **PLEASE SEE REVERSE FOR IMPORTANT INFORMATION**

Student's Legal Name (one form per student):		For School Year 2009 - 2010 <input type="checkbox"/> Full Year <input type="checkbox"/> 2nd Semester
Parent/Legal Guardian Name:		Grade for Application Year:
Residence address:		Home Phone:
City: State: Zip:		Work / Cell Phone:
Resident School District:		Mailing Address (if different from residence address):
<input type="checkbox"/> Bremerton <input type="checkbox"/> Bainbridge Island <input type="checkbox"/> North Kitsap <input type="checkbox"/> North Mason <input type="checkbox"/> South Kitsap <input type="checkbox"/> Other District Name:		E-MAIL:
Current Non-CKSD School or last school attended:		Requested School:
		Enter Program, if applicable: (TEAM, Montessori, Gifted, Venture, etc.)

Reason(s) for the request:

Currently enrolled in CKSD at requested or feeder school: _____
 Enter name of CKSD Elementary or Junior High feeder school

Closer to location of child care or parent's place of work

There is some other special hardship or detrimental condition affecting the student or the student's immediate family that would be alleviated as a result of the transfer.

Financial, Educational, Safety, or Health

CKSD Employee: (Enter work site) _____

Yes No Does this student have a record of conviction of crimes, violent or disruptive behavior, or gang membership?

Yes No Has this student been expelled or suspended for more than ten (10) consecutive days?

Yes No Has this student ever been enrolled in special education classes (Special Services)?

Yes No Does this student have a current IEP? (An IEP is a Special Services Individual Education Plan)

I certify that all information provided is true, and I understand that:

(1) the information provided by me will be verified and that falsification is grounds for immediate dis-enrollment;

(2) non-resident students attending school in CK School District must remain in good standing per policy 3141/3141P;

(3) I am responsible for adequate transportation* and supervision to and from school;

(4) transfer requests must be resubmitted for approval annually. APPROVAL IS FOR ONE SCHOOL YEAR ONLY.

I authorize my residence district to provide student records and any other information necessary to CKSD in order to process this request.

Signature of parent or legal guardian _____ Date _____

Denial of the application by either District may be appealed to the Superintendent of Public Instruction, PO Box 47200, Olympia, Washington 98504-7200, under RCW 28A.225.230. * Limited exceptions may be granted pursuant to WAC 392.137.

Section II – Releasing District

Please return directly to Parent / Legal Guardian OR via Media Mail "CKSD JW Transfer Requests" OR "JW Transfers" PO Box 8, Silverdale, WA 98383. CKSD must have a signed release before accepting any requests for consideration. Students may not attend classes before release date.

The _____ School District hereby releases said student and waives attendance claims and State claims for said student beginning (M/D/Y) ____ / ____ / ____ for School Year 2009-2010. _____
 Signature of Superintendent or Designee / Date

Section III – Central Kitsap School District Verification

The Central Kitsap School District has determined that:

Yes No Space (Capacity) and appropriate educational programs or services are available.

Yes No Student is eligible per Policy and Procedure 3141/3141P.

Yes No Student covered by RCW 28A.225.270 (Employee Enrollment Option).

Request Is:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Principal of Receiving School / Date	Program Director (If applicable) / Date

Dear Parent, Guardian, and Releasing District,

The student named on the reverse has requested a release from the resident school district as determined by residence address. This release, once completed and signed by both the releasing district (resident district by address) and accepting district (Central Kitsap School District), is valid until the end of the current school year only.

During the term of this release, if the student chooses to enroll with the resident district, or any other district, CKSD must FIRST grant a “rescind” from this release, thereby releasing the student back to the resident district.

Please call the Superintendent’s Office at Central Kitsap School District if you have any questions. 360-662-1616

Non-District students attending a Central Kitsap School District school must be and remain in good standing as defined in Policy and Procedure 3141. Good standing means acceptable attendance, academic progress consistent with ability, and no suspensions or expulsions. A student’s school district is determined by residence, not childcare location. The parent/guardian is responsible for adequate transportation and supervision to and from school.

APPROVAL IS FOR ONE SCHOOL YEAR ONLY.