Kent School District
12033 SE 256 Street,
Kent WA 98030

School Year:

Z v P } (Œ • • Z ‹ µ • š

/ (µ Œ Œ v š o Ç   v Œ } } o o   • š µ   v š   u } À •] v š }   v } š Z Œ Œ •] š   š š v   v
š Z] Œ   Z] o   ] v š Z   v Á   } µ v   Œ Ç • Z } } o } Œ Œ ‹ µ • š] v P š Z • š µ   v š } v š] µ
v š š v] v P X

Please complete the following information and submit to the school where your student currently attends the
µ Œ Œ v š ‰ Œ } } (} (Œ • •.

Student Information:

Student's Name: _____

Grade: _____] Œ š Z   š : _____ Student ID #: _____

N ew Address: _____ City: _____ ip Code: 98_____ z

Parent/Guardian Name: _____ hone: P_____

 µ Œ Œ v š } µ v : Œ Ç ^ Z } } o _____

N ew } µ v   Œ Ç ^ Z } } o W z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z

W o •] v š] (Ç v Ç µ v] ‹ µ   µ š] } v o ‰ Œ } P Œ u • l o • • • v • Œ À] • š Z

] v š š Z] Œ   µ Œ Œ v š • Z } } o W

   z z z z ^ ‰] o z z z š] µ v o > v P µ P W z Œ } P Œ o Ç   ‰ o K Ç • • Ç W Œ } P

x 8 @ € y – ð € 0 ‰ x — Œ w Ð à 5 P 0 • r) ` s ƒ • x

x d Z • š µ v š Á] o o   Á] š Z Œ Á v š š Z v } (š Z • Z } } o Ç Œ v Á] o o v
} µ v   Œ Ç • Z } } o (} Œ š Z (} o o } Á] v P • Z } } o Ç Œ X

By requesting a student transfer the parent is agreeing to the following conditions. Please initial next
to each bullet to indicate that you have read and agree:
   _____ Parent/guardian will be responsible for transportation.
   _____ Parent/guardian will immediately notify the school if the conditions change regarding the
            reason given for the transfer request.
   _____ Parent/guardian understand that a transfer request may be revoked at any point for the
   following reason(s):
         v Excessive tardiness or absences due to parent/guardian transportation issues (after
            reasonable steps have been taken to solve the issue).