Riverview School District
15510 – 1st Ave. NE - PO Box 519
Duvall, WA 98019
425-844-4500 ● 425-844-4502 Fax

In-District Transfer
P3010-F

Annual In-District Attendance Transfer Application

Neighborhood School: _____ **Request Transfer To:** _____

Application for School Year 20___- 20___ Current School: _____ Grade for Year Requested: ___

Student Name: _____ Birth Date: _____

Mailing Address: _____ Apt. # _____ Unit # _____ Space # _____

City: _____ Zip: _____ Male: ☐ Female: ☐

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Reason for Request (Primary reason – only select one)

☐ Financial ☐ Near Parent's Workplace ☐ Daycare Location ☐ Health ☐ Safety ☐ Educational

☐ Sibling already attends ☐ Special Hardship Condition ☐ Moved / Moving

Please explain reason chosen: _____

_____

Answer each question: False or inaccurate information will be cause for denial or revocation of waiver.

1. Has the student been expelled/suspended from school or had discipline / attendance problems? ☐ Yes ☐ No

Agreement of Understanding:

- **Punctual transportation and supervision to and from school**
- **Compliance with district policies / building rules**
- **Acceptable attendance patterns and grades**
- **Demonstrates appropriate behavior, etc.**

Parent / Guardian Signature: _____ Parent /Guardian Printed Name _____ Date: _____

District Signatures -

Sending Principal: _____ ☐ **Approved** ☐ **Denied** **Date:** _____

Receiving Principal: _____ ☐ **Approved** ☐ **Denied** **Date:** _____

cc: Sending Principal; Receiving Principal; Parent/Guardian; Student Services Department
Principal: If transfer is discontinued or if student moves into your area, return this form with that information to Student Services

Revised _08/2017