

915 4TH ST NE; AUBURN, WA

RESIDENT STUDENTS

ATTENDANCE AREA TRANSFER APPLICATION

ASD Board Policy No. 3131

(for ASD students who wish to attend a school other than neighborhood school)

2020-2021 SCHOOL YEAR

☐ New ☐ Change of Address

	NOTE: Alpac, Arthur Jacobsen, I Rainier have been closed to new o					
Name of S	Student (Last, First, Middle):					
	Address (Street, City, State, Zip C					
			Email Address:			
Contact Phone Number:						
School Requested:						
			Phone:			
(If last school was not in the Auburn School District, attach copy of current year discipline and attendance record)						
	N FOR REQUEST:	ŕ		1	,	
□ EDU¢ □ EMP! □ DAY □ HAR	HEALTH CONDITION – Describe briefly: EDUCATIONAL PROGRAM – Course(s) name: EMPLOYMENT (parent or student works in the area): DAYCARE – Childcare/Daycare address: HARDSHIP – Describe briefly: OTHER – Describe briefly:					
If yes, app	udent currently receiving speci proval is required by the Executive grown child is in an Auburn Scho gram at Terminal Park, a trans	e Director of Stu ol District ECE,	dent Special Services at Adaptive Behavior, Stri	the Administrative A	Annex Bldg.	
 exp Where constructions with the standard constructions with the standard construction of the standard constructio	dent will follow rules and regulate outsion; ongoing truancy, or excession a student has been accepted outsinue there without reapplying, a sen moving from elementary to me as the responsibility of the parent/gradards of academic progress, behind a student will not need to apply again own discretion.	sive absences, man Attendance as long as attendanddle school, or naturalism to providuoir, and attendantion, and attendantion, and attendantion.	ay result in the revocati Area Transfer to the require, grades, and behavior hiddle school to high sch de transportation for thei ance in order to maintain	on of the Attendance tested school, the rest are satisfactory. So tool. r student, and student this transfer.	e Area Transfer. sident student may tudents must reapply nt will be held to high	
• NC sta	OTE: Transfer requests shall be rt of the school year may be hel	d for up to 2 we	eks after the first day o	f school to monitor	enrollment capacity.	
Parent/Gu	ardian Signature		_Print Name		Date	
Principal 1	Recommendation:		R OFFICE USE ONLY No			
Comment	S		Principal Signature_		Date	
Signature	of Assistant Superintendent or D	irector of Studen	Special Services	Date		

Denied

Approved