

Acknowledgements (check boxes)

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in policy [3131: Attendance Area Transfers](#), and rescindment (revoking) of this transfer may occur in accordance with the conditions listed in procedure [3131P: In-District Attendance Area Transfer](#).
- I understand that my student must continue to attend the assigned school until the effective start date of the transfer and that nonattendance is subject to truancy procedure.
- I understand that if approved, it shall be the responsibility of the parent to provide transportation to and from school.

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the students when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are “eligible students.”

Parents or eligible students have the right to inspect and review the student’s educational records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.

In addition to the foregoing, any in-district transfer must be in compliance with all other district policies including those relating to student attendance, academic standards and class size. Failure to accurately disclose all requested information could cause denial of the request.

Parent/Guardian Signature _____ Date: ____/____/____

**By electronically signing this document you agree your electronic signature is the legal equivalent of your manual signature on this form.*

Parent/Guardian Name (Printed): _____

Parent/Guardian Email: _____@_____

Please return signed and completed forms to:

Mail: Pullman Public Schools, Attn: Transfers Coordinator, 240 SE Dexter Street, Pullman, WA 99163
Fax: 509-336-7202 ▪ Email: enrollment@psd267.org

Forms may also be dropped off at the District Office at 240 SE Dexter Street by dropping it in the main office with the receptionist or in the blue mail box, located outside of the main entrance.

Section III: Certification of Admission

- Space is available in the grade level or classes at the building in which the student desires to be enrolled;
- Appropriate educational programs or services are available to improve the student’s condition as stated in requesting transfer from his or her assigned building; and the student’s attendance at the school is not likely to create a risk to the health or safety of other students or staff.

Approved by Principal _____ Date: ____/____/____
Signature of requested school’s principal

Approved by Superintendent _____ Date: ____/____/____
Signature of superintendent

Your request for in-district transfer has been denied for the following reason(s): _____

Denied by Principal _____ Date: ____/____/____
Signature of requested school’s principal

Denied by Superintendent _____ Date: ____/____/____
Signature of superintendent