

Central Kitsap School District No. 401
APPLICATION FOR ONE-YEAR NON-ATTENDANCE AREA SCHOOL ADMISSION

Section I – Student Information

Directions: Parent/legal guardian, complete Section I. Return ELEMENTARY requests to the main office of requested elementary school. SECONDARY requests are to be submitted to the Superintendent's Office, CKSD Administration Building, 9210 Silverdale Way, Silverdale, or mailed to Superintendent's Office/Transfer Requests, PO Box 8, Silverdale, WA 98383. **Please print, using blue or black ink.**

Student's Legal Name (One form per student):	For School Year 20 ____ - ____ <input type="checkbox"/> Full Year <input type="checkbox"/> 2nd Semester Grade for Application Year:
Parent/Legal Guardian Name:	Home Phone: Work/Cell Phone:
Residence Address: City: _____ State: _____ Zip: _____	Mailing Address (if different from street address):
Assigned Attendance Area School (check one): <input type="checkbox"/> Central Kitsap HS <input type="checkbox"/> Olympic HS <input type="checkbox"/> Central Kitsap JH <input type="checkbox"/> Klahowya Secondary <input type="checkbox"/> Fairview JH <input type="checkbox"/> Ridgetop JH <input type="checkbox"/> Brownsville <input type="checkbox"/> Clear Creek <input type="checkbox"/> Cottonwood <input type="checkbox"/> Cougar Valley <input type="checkbox"/> Emerald Heights <input type="checkbox"/> Esquire Hills <input type="checkbox"/> Green Mountain <input type="checkbox"/> Jackson Park <input type="checkbox"/> PineCrest <input type="checkbox"/> Seabeck <input type="checkbox"/> Silverdale <input type="checkbox"/> Silver Ridge <input type="checkbox"/> Tracyton <input type="checkbox"/> Woodlands	Requesting Permission to Attend (check one): <input type="checkbox"/> Central Kitsap HS <input type="checkbox"/> Olympic HS <input type="checkbox"/> Central Kitsap JH <input type="checkbox"/> Klahowya SS <input type="checkbox"/> Fairview JH <input type="checkbox"/> Ridgetop JH <input type="checkbox"/> Brownsville <input type="checkbox"/> Clear Creek <input type="checkbox"/> Cottonwood <input type="checkbox"/> Cougar Valley <input type="checkbox"/> Emerald Heights <input type="checkbox"/> Esquire Hills <input type="checkbox"/> Green Mountain <input type="checkbox"/> Jackson Park <input type="checkbox"/> PineCrest <input type="checkbox"/> Seabeck <input type="checkbox"/> Silverdale <input type="checkbox"/> Silver Ridge <input type="checkbox"/> Tracyton <input type="checkbox"/> Woodlands

Check below the basis for the request:

- | | |
|---|--|
| <input type="checkbox"/> Currently enrolled at requested or feeder school
<hr style="width: 30%; margin-left: 0;"/> <i>Enter name of Elementary or Jr. High feeder school</i>
<input type="checkbox"/> Closer to location of childcare or parent's place of work
<input type="checkbox"/> CKSD Employee (<i>Enter work site</i>) _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Has your child ever been enrolled in special education classes?
Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child have a current IEP? | <input type="checkbox"/> Financial, Educational, Safety, or Health

<input type="checkbox"/> There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer |
|---|--|

*Students attending a non-attendance area school must be and remain in good standing as defined in Policy and Procedure 3131. Good standing means acceptable attendance, academic progress consistent with ability, and no suspensions or expulsions. A student's attendance area is determined by residence, not childcare location. The parent/guardian must assume responsibility for adequate transportation and supervision to/from school. **APPROVAL IS FOR ONE SCHOOL YEAR ONLY.***

Signature of parent or legal guardian _____ Date _____

Section II – School District Information

Directions: Principals complete Section II and return to the Superintendent's Office.

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Space (capacity) and appropriate education programs or services are available |
| <input type="checkbox"/> | <input type="checkbox"/> | Student is in good standing and eligible to request a transfer |
| <input type="checkbox"/> | <input type="checkbox"/> | Student covered by RCW 28A.225.225(1) |

Request Granted / Denied
(Please circle one)

Program Director / Date

Principal of Attendance Area School

Principal of Requested School / Date