



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Administrative Resource Services
 Old Capitol Building
 PO BOX 47200
 Olympia, WA 98504-7200
 (360) 725-6133 TTY (360) 664-3631

NOTICE OF APPEAL
TO THE SUPERINTENDENT OF PUBLIC INSTRUCTION FOR TRANSFER OF A STUDENT
TO A NONRESIDENT SCHOOL DISTRICT

The person or persons subscribing their names below hereby appeal to the Superintendent of Public Instruction pursuant to RCW 28A.225.230 and Chapter 392-137 WAC in behalf of the appellant student named in this notice and on the basis of the facts stated and/or alleged in the attachment to this notice, as follows:

NAME OF PERSON(S) FILING APPEAL (APPELLANT(S))	NAME OF STUDENT(S)	AGE	GRADE LEVEL
LEGAL RELATIONSHIP OF APPELLANT(S) TO STUDENT(S)			
ADDRESS			
CITY/STATE/ZIP	RESIDENT ADDRESS OF STUDENT(S)		
TELEPHONE NUMBER Home () Work ()			
RESIDENT SCHOOL DISTRICT OF STUDENT(S)	If you fail to substantially comply with this notice and provide the information required, the Superintendent of Public Instruction and his/her designee will not exercise jurisdiction or conduct a hearing.		
NONRESIDENT SCHOOL DISTRICT			

I. TYPE OF APPEAL Indicate type of appeal.

<input type="checkbox"/>	<p>DISTRICT OF RESIDENCY DENIES A REQUEST FOR RELEASE OF RESIDENT STUDENT(S) TO ATTEND ANOTHER SCHOOL DISTRICT'S SCHOOL(S) Please mark either box A, B, or C and provide appropriate documentation for box marked.</p> <p><input type="checkbox"/> A. Copy of school board minutes indicating denied request. <input type="checkbox"/> B. A letter from the resident district's superintendent that the board has denied requested release. <input type="checkbox"/> C. Appellant's signed statement of district's inaction for 45 day period following requested release.</p> <p>Provide a copy of nonresident district's board statement, policy, or superintendent's letter accepting nonresident student.</p>
<input type="checkbox"/>	<p>NONRESIDENT DISTRICT DENIES REQUEST FOR ADMISSION Please mark either box A or B and provide appropriate documentation.</p> <p><input type="checkbox"/> A. Copy of policy or written notification of denied admission by nonresident district. <input type="checkbox"/> B. Statement by appellant of inaction by nonresident district within a 45 day period following request for admission.</p> <p>Provide a copy of the policy or letter indicating release by resident district.</p>

II. GROUNDS FOR RELEASE

<p>Please mark applicable box and provide written statement of explanation.</p> <p><input type="checkbox"/> A. Financial, educational, safety, or health condition would likely be reasonably improved as a result of transfer. <input type="checkbox"/> B. School of attendance would be more accessible to parent's place of work or the location of child care. <input type="checkbox"/> C. A special hardship or detrimental condition would be created or continue to exist that would harmfully affect student or member(s) of student's family for reasons other than cited above in A or B.</p>

This NOTICE OF APPEAL should be returned with supporting information, to:

Administrative Resource Services – Transfer Appeal
 Office of Superintendent of Public Instruction
 Old Capitol Building, PO BOX 47200
 Olympia, WA 98504-7200

_____/_____
 Signature of Appellant Date

_____/_____
 Signature of Appellant Date