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 FAX (360) 753-4201

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.

☐ **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.

- ☐ A. Copy of school board minutes indicating denied request.
- ☐ B. A letter from the resident district's superintendent that the board has denied requested release.
- ☐ C. Appellant's signed statement of district's inaction for 45 day period following requested release.

Provide a copy of nonresident district's board statement, policy, or superintendent's letter accepting nonresident student.

☐ **NONRESIDENT DISTRICT DENIES REQUEST FOR ADMISSION**

Please mark either box A or B and provide appropriate documentation.

- ☐ A. Copy of policy or written notification of denied admission by nonresident district.
- ☐ B. Statement by appellant of inaction by nonresident district within a 45 day period following request for admission.

Provide a copy of the policy or letter indicating release by resident district.

II. GROUNDS FOR RELEASE

Please mark applicable box and provide written statement of explanation.

- ☐ A. Financial, educational, safety, or health condition would likely be reasonably improved as a result of transfer.
- ☐ B. School of attendance would be more accessible to parent's place of work or the location of child care.
- ☐ 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.

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