Kent School District
12033 SE 256th Street,
Kent WA 98030

School Year:

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Please complete the following information and submit to the school where Ç}µŒ student µŒŒ •v Á}oŠÇZ
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Student Information:

Student's Name: _____

Grade: _____]Œ šZ š : _____ Student ID #: _____

E Á Address: _____ City: _____ ip Code: Z 98_____ z

Parent/Guardian Name: _____ hone: P_____

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By requesting a student transfer the parent is agreeing to the following conditions. Please initial next to each bullet to indicate that you have read and agree:

_____ Parent/guardian will be responsible for transportation.

_____ Parent/guardian will immediately notify the school if the conditions change regarding the reason given for the transfer request.

_____ Parent/guardian understand that a transfer request may be revoked at any point for the following reason(s):

- Excessive tardiness or absences due to parent/guardian transportation issues (after reasonable steps have been taken to solve the issue).