

ALDERWOOD TRANSFER REQUEST FORM

Dear Parent/Guardian:

As part of the “No Child Left Behind” (NCLB) Act, school districts are required to notify parents/guardians when schools that their children attend have not made Adequate Yearly Progress (AYP) for two consecutive years. AYP is the level of proficiency that schools must meet in several categories on an annual basis. Districts are required to inform you of choices you have as a result of your child’s school not making AYP.

Alderwood Elementary School was identified in August 2009 as making AYP in 17 of 21 required categories, an 81% success rate. We did not make AYP in reading for Hispanic and low income students and in math for all, Hispanic, low income and limited English students. Therefore, you have the option of requesting a transfer for your child to another school within our district that has not been identified for school improvement.

Submitting the form below indicates your preference to have your child enrolled in another school beginning at the fall 2009 semester, however we cannot guarantee a specific school. If you choose to transfer, your child may remain at that school until s/he completes elementary school, but you will always be welcome to return to Alderwood at any time. Your student will still attend Shuksan for middle school, regardless of any elementary school changes. Transportation will only be provided to the other elementary school for as long as Alderwood remains in AYP improvement status.

In order to give students the smoothest start, your transfer request form must be received by September 4. Transfer forms will not be accepted after September 10th. You may return this form in person at Alderwood Elementary School or at the school district office (1306 Dupont Street), or by fax (647-6879). You also may mail the form to Alderwood Elementary School at 3400 Hollywood Ave., Bellingham, WA 98225. You will be notified in writing as soon as possible of your child’s placement.

One form per student. Please use ink and press hard. Submit all color copies together.

Student’s name: _____ Grade for 2009-2010: _____

Student’s street address: _____ Zip Code: _____

Phone number: _____ E-mail: _____

Please indicate your 1st and 2nd choice from the schools listed below. We cannot guarantee a specific school, but will make every effort to approve your request.

_____ Columbia _____ Parkview

Parent/guardian name: _____

Parent/Guardian signature: _____ Date: _____

Office use only: Student ID# _____ Date received (stamp date and time): _____

School assignment: _____

Distribution copies: white – parent; yellow – transportation; pink – school of choice; gold – current school