

# BIRCHWOOD 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.

Birchwood Elementary School was identified in August 2009 as making AYP in 16 of 19 required categories, an 84% success rate. We did not make AYP in reading for Special Education students and in math for Special Education and low income 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 Birchwood 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 Birchwood 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 10<sup>th</sup>. You may return this form in person at Birchwood Elementary School or the school district office (1306 Dupont Street), or by fax (647-6879). You also may mail the form to Birchwood Elementary School at 3200 Pinewood Ave., Bellingham, WA 98225. You will be notified in writing as soon as possible of your child's placement.

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**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 1<sup>st</sup> and 2<sup>nd</sup> 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