

**DIERINGER SCHOOL DISTRICT**

**Application for Admission (Waiver In)**

1320 178<sup>th</sup> Ave E  
Lake Tapps, WA 98391  
(253) 862-2537  
FAX (253) 862-8472

**An approved release of attendance from the resident district must be sent electronically to us.**

\*Today's Date: \_\_\_\_\_ Requested School Yr. 2020/2021      Renewal      New Request

Please Print (A separate form must be completed for each student) Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Requested School \_\_\_\_\_

Street Address \_\_\_\_\_ Resident School District \_\_\_\_\_

City, St, Zip \_\_\_\_\_ 2020-2021 Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different than street address) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

School your child is currently attending \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of sibling(s) also applying for waiver \_\_\_\_\_

Reason for requesting transfer: Parent's Workplace \_\_\_\_ Educational \_\_\_\_ Childcare \_\_\_\_ Other (Explain) \_\_\_\_\_

Has your child been suspended or expelled in the last two school years? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

Does your child receive any Special Education assistance *or* is he/she in any special program?

Yes \_\_\_\_ No \_\_\_\_ If yes, what type of service/program? \_\_\_\_\_

**Approval of the above request shall be dependent upon the conditions below:**

1. A space in appropriate courses or programs at the non-resident school depends on availability.
2. Student's records do not indicate a history of disruptive, destructive or violent behavior.
3. Student must maintain passing grades in all classes and maintain 2.0 grade point average (at quarters, semesters, and trimesters) in order to continue this waiver.
4. It is important that students arrive at school at the designated starting time and attend school regularly. More than 4 tardies and/or 5 absences each quarter/trimester will result in discontinuation of this waiver.
5. Student is required to obey all school rules. Suspension from school, a second office referral resulting in disciplinary action and/or assignment to Honor Level III (NTMS) during any school year will result in discontinuation of this waiver.
6. Students who reside within the Dieringer School District will be given priority for placement in special programs. In the event there is a waiting list for placement in such a program, students living outside the district will not be placed until all students who reside within the district have been placed.
7. If a student becomes eligible for special education while attending ESD, the student will transfer back to his/her resident school at the end of that school year.
8. Transportation for a student residing outside the Dieringer School District is the responsibility of the parents.
9. The Dieringer School District reserves the right to revoke this transfer at any time during the school year if the student does not adhere to these conditions.
10. Nonresident placement is for a maximum of one school year only. **Applicants must reapply each year.**

**\*\* I attest that the information given above is correct and accurate and agree to all of the conditions.**

Parent/Guardian Signature \_\_\_\_\_

**(District Office Use Only)**

Approved

Denied

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

District Administrator \_\_\_\_\_

Date \_\_\_\_\_