



Kennewick School District No. 17
1000 West 4th Avenue
Kennewick, Washington 99336
www.ksd.org 509.222-5000 fax 509.222-5053

F-2 3132

DAYCARE PROVIDER VERIFICATION FOR K-5 TRANSFER STUDENTS

The Kennewick School District Board Policy # 3132 states that “**Students are to be assigned to District schools in accordance with their residence and boundaries established by the Board.**”

However, when a student has a daycare provider whose address is out of the parent/and or school home boundary/district, permission may be requested for the student to attend the school served by that daycare provider’s address provided the student attends the daycare daily and/or a majority of the school week. Should Kennewick School District find that this is not the case your student may be asked to return to his/her home school.

Should the daycare provider’s address cease being the residence for school attendance, you will be expected to notify the school and transfer your child to your home school.

Frequent absences and tardiness may result in the approved transfer request being cancelled and you will be asked to enroll your student in your home-boundary or home-district school.

Applications for transfer will be accepted between **November 1 and January 31** for the following school year.

- If you reside **within** the Kennewick School District, complete the Transfer Request and take it to the out -of - boundary school your student wishes to attend. Please keep your student enrolled in his/her current school until you receive notification of approval from the out-of boundary school.
- If you reside **outside** of the Kennewick School District, you will need to obtain an **Out-of-District Transfer Request** form from your resident school district. **This is an annual requirement.**
- Attach the completed Daycare Provider Form for K-5 Transfer Students to the Transfer Request.

Student’s Name _____

Parent’s Name _____

Home Address _____

Home Phone # _____ Mother Work or Cell # _____ Father Work or Cell # _____

Parent’s Signature _____ Date _____

To be completed by daycare provider:

I will be the daycare provider for the above named student for the _____ school year. This student will be attending school from the address below. I will notify the school should this change.

I agree to be the emergency contact for this child. Yes No

DayCare Provider’s Name _____

Address _____

Phone # _____ DayCare Provider’s License # _____

I agree to release my name as a daycare provider to Kennewick elementary schools to be used in a daycare provider registry? Yes No

DayCare Provider’s Signature _____ Date _____

Date _____ Principal’s Signature _____

School _____