

DATE RECEIVED: _____

FOR SCHOOL YEAR:

2021-22

Non-Resident CHOICE Transfer Request & Release of Attendance Form

(OUT OF DISTRICT)

The resident school district must first release your child before another school district can accept this request. Separate forms must be completed for each student. In addition, all non-resident transfer requests must be in compliance with the District's policies including but not limited to attendance and academic standards. Requests can be denied or rescinded on the basis of class sizes, recurring discipline and/or attendance problems, financial hardships on receiving school district and/or other provisions defined in the district's policies. Parent/Guardian is responsible for providing transportation at no cost to the accepting school district. Requests are approved for no more than one school year. (It is the parent's responsibility to complete a new form each year).

TO BE COMPLETED BY THE PARENT/GUARDIAN		<input type="checkbox"/> New Request <input type="checkbox"/> Renewal Request	
STUDENT'S NAME:		DATE OF BIRTH:	FOR GRADE:
PARENT/GUARDIAN NAME (please print):	STREET ADDRESS:		CITY/ZIP:
MAILING ADDRESS (if different from street address)	MAILING CITY / ZIP:	HOME PHONE:	DAYTIME PHONE:
<u>RESIDENT SCHOOL DISTRICT:</u>	<u>RESIDENT SCHOOL:</u>	NAME OF LAST SCHOOL ATTENDED: (LIST DATES ATTENDED)	
<u>REQUESTED SCHOOL DISTRICT:</u>	<u>REQUESTED SCHOOL:</u>	IS ANOTHER CHILD IN THE FAMILY REQUESTING A TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR CHILD PREVIOUSLY ATTENDED THIS SCHOOL? <input type="checkbox"/> YES (WHAT YEAR?): _____ <input type="checkbox"/> NO
REASON FOR TRANSFER REQUEST:			
DOES YOUR CHILD HAVE A GOOD ATTENDANCE RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If NO, please explain:</i>	HAS YOUR CHILD BEEN SUSPENDED OR EXPELLED FROM ANOTHER SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain:</i>	IS YOUR CHILD ENROLLED IN A <u>SPECIAL EDUCATION PROGRAM</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, Releasing School District will not be liable for Special Education costs. Approval requires Special Education Director signatures from both districts.</i>	
LIST ANY MEDICAL OR BEHAVIORAL CONCERNS AFFECTING YOUR CHILD'S EDUCATIONAL NEEDS:			
PARENT/GUARDIAN SIGNATURE:		DATE:	

CRITERIA for Choice Inter-District Transfers are established by the Board of Directors in each school district and include: completing senior year; adjustment problems with appropriate officials from both resident and non-resident school districts believing the student's problems can be alleviated by an inter-district transfer; daycare provider residing outside the student's home attendance area district; when attendance in the resident district would impose an undue hardship on the student or parents/guardians; when attendance in the resident school district would not afford the student access to specific educational programs that would enhance their educational goals; when the Educational Service District Superintendent authorizes an inter-district transfer to afford better educational facilities and effect a savings in the cost of education.

- APPROVAL OF REQUEST:** Requested transfer **meets** district criteria and is granted for the requested school year. If, at any time, during the period of the transfer, the objective of the transfer is either substantially achieved or is determined to be unobtainable, this transfer agreement may be terminated. Parent/Guardian is responsible for providing transportation at no cost to the accepting school district. *Transfer is approved for one school year only.*

Resident School District - Release_____
Date_____
Special Education Director - Release_____
Date_____
Non-Resident School District_____
Date_____
Special Education Director_____
Date

- DENIAL OF REQUEST:** Requested transfer **does not** meet district criteria. The reason for denial of this transfer is provided below:

Resident School District_____
Date_____
Special Education Director_____
Date_____
Non-Resident School District_____
Date_____
Special Education Director_____
Date

Reason for Denial: _____