Resident District:	<b>Choice Transfer Request</b>	☐ New Request
Resident School:		☐ Renewal

## REQUEST WILL NOT BE PROCESSED UNLESS ALL BLANKS ARE COMPLETED

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Requested District:	School Year: 20	School Year: 20 to 20 (one year only)		
Requested School:	Start Date:	Start Date: (if mid-year transfer)		
Program: (if applicable)	End Date:	End Date:		
STUDENT INFORMATION (one form per student)				
Student:	Birth Date:	Grade Level: (of transfer year)		
Parent/Guardian:	Email:			
(Required if student is younger than 18 at the time of this request)				
Current or Last School Attended:	Phone (2):	Phone (2):		
Residence Address Mailin	(Parent/Guardian conta	ct if student younger than 18)		
Residence Address Ivialii	ng Address (if different from resider	ice)		
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, WA	City	, <b></b>		
The following information is used to determine availability in the designated programs.  Is the student currently being tested for or participating in any of the following programs: Special Education*(IEP), Gifted, Section 504, Bilingual (ELL),  Title1/LAP?				
REASON for REQUEST (please choose only one)				
<ul> <li>□ The student's financial, educational, safety, or health conditions would likely be improved.</li> <li>□ Attendance in the nonresident district is more accessible to the parent's/guardian's place of work or to the location of child care.</li> <li>□ There is a special hardship or detrimental condition.</li> <li>□ The purpose of the transfer is for enrollment in an online course or school program offered by an OSPI-approved provider.</li> <li>□ Parent/guardian is an employee with the requested school district.</li> </ul>				
BEHAVIOR (attach sheet with explanation for any yes answers)				
Does the student have a record of conviction of crimes, violent or disruptive behavior or gang membership?		☐ Yes ☐ No		
Has this student been expelled or suspended for more than 10 consecutive days?	☐ Yes ☐ No			
Has the student repeatedly failed to comply with requirements for participation i as participating in weekly direct contact with the teacher or monthly progress evaluations.	☐ Yes ☐ No			
Has the student and/or parent had any formal meetings with school officials regathe past two years?	☐ Yes ☐ No			
Is this student under a court order to attend school or is a truancy petition in the	☐ Yes ☐ No			
Please see back side for important notices, acknowledgements, and signature.				

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## **NOTICES**

- The transfer request is not complete until the resident school district has submitted the request to the nonresident school district, and it has been accepted. The student remains the responsibility of the resident school district until the effective start date at the nonresident school.
- The parent/guardian will be notified by email (or postal mail if an email is not provided) of acceptance and the effective start date or rejection.
- If the request is rejected, the notification will include the reason for the denial and steps to appeal the decision.
- If a district does not respond to a request within 45 days of the request, the request is treated as a denial and the parent/guardian can appeal.
- Under the Choice law, the nonresident school district becomes responsible for all matters related to the education of the student (basic education, special education, home/hospital services, truancy, CEDARS reporting, administration of state educational assessments, etc.). Legal Reference: RCW 28A.225.220 through 230.

## **ACKNOWLEDGEMENTS**

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the nonresident school district's policy, and rescindment (revoking) of this transfer may occur in accordance to the conditions listed in the nonresident school district's policy.
- I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand that I will be responsible for providing transportation to and from school for my student, unless the nonresident district is required to provide transportation for the student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA).
- I understand that requests are approved for one school year only, and it is my responsibility to complete a new form each year.
- I understand that should my student move and no longer be a resident of the district, the transfer expires and I must submit a new request to the new resident school district.
- FERPA Release: I authorize the resident school district to release any and all of my student's educational records to the Choice Coordinator of the nonresident school district. By my signature I acknowledge that although I am not required to release my student's records, I am giving my consent to release the information. This release will remain in effect while my student is enrolled.
- This request to attend a nonresident school district shall be dependent upon criteria for acceptance of nonresident district students established by the nonresident school district. In addition, the nonresident district reserves the right to revoke this transfer at any time throughout the school year if:
  - student does not follow the rules and regulations applicable to all students attending in the nonresident district,
  - it becomes necessary to change the education program/setting/placement of the student, and there is not room in the program to which the student would need to change,
  - information provided by the applicant has been misrepresented,
  - parent's full-time certificated or classified employment with the district ends, or
  - nonresident student's placement displaces a resident student or if space in the grade level classes or programs becomes unavailable.
- When any of the above reasons occur, the transfer approval becomes null and void. Any further consideration for readmission must be based on completion of a new application.

Student Name (Printed)	
X	Date Signed
Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)	

Ridgefield School District Release: Date:

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