

# REQUEST FOR RELEASE OF RESIDENT STUDENT

Adna Boistfort Centralia Chehalis Evaline Morton Mossyrock Napavine Onalaska PeEll  
Toledo White Pass Winlock

See Reverse Side for School Contact Information

**All requests for transfer must originate with the resident district and be renewed annually.**

**Section 1:** (To be completed by applicant) For School Year: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M ☐ F ☐  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Resident District: \_\_\_\_\_ Last School Attended: \_\_\_\_\_  
District Transferring To: \_\_\_\_\_ School Transferring To: \_\_\_\_\_

The resident school district may release resident students for attendance in another school district when one or more of the following criteria are met. Reason for requesting transfer: **(please check one)**

- ☐ A financial, educational, safety or health condition affecting the student would likely be reasonably improved as a result of the transfer.
- ☐ Attendance in the non-resident district is more accessible to childcare. Location: \_\_\_\_\_
- ☐ Attendance in the non-resident district is more accessible to the parent's workplace. Location: \_\_\_\_\_
- ☐ A special hardship or detrimental condition exists harmfully affecting the student or the student's immediate family.
- ☐ Other: Please explain \_\_\_\_\_

Please provide information and answers to the following questions about the applicant's educational status. (The reverse side may be used to explain "yes" responses.) Does the applicant have:

- ☐ Yes ☐ No Does the student have a sibling in the district you are requesting?  
If yes, which school? \_\_\_\_\_
- ☐ Yes ☐ No Any history of placement in special education programs?
- ☐ Yes ☐ No Any past, current, or pending school disciplinary action, or legal system sanction?
- ☐ Yes ☐ No Any past, current or pending Becca Bill petitions filed with Juvenile Court?
- ☐ Yes ☐ No Any history of violent behavior?
- ☐ Yes ☐ No Any health conditions affecting the student's educational needs?

**BEFORE YOU PROVIDE YOUR SIGNATURE:** The above request to attend the non-resident school district, shall be dependent upon "Criteria for Release of Resident District and Acceptance of Non-resident District Students" established by the non-resident school district. In addition, the nonresident school district reserves the right to revoke this transfer at any time throughout the school year if:

- attendance would result in the district experiencing a financial hardship;
- regular attendance is not maintained;
- 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 students;
- information provided by the applicant is incomplete or has been misrepresented;
- parent's fulltime certificated or classified employment with the district ends; or
- nonresident student's presence displaces a resident student or if space in the grade level classes or programs becomes unavailable (different rules apply to children of school district employees).

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.

All transfer requests are subject to District requirements including student attendance, academic standards, class size, and the educational program ability to serve.

Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: (District use)

Resident School Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Non-Resident School Superintendent \_\_\_\_\_ Date \_\_\_\_\_

☐ Approval of Request: Requested transfer DOES meet the district criteria (checked above) and is granted for the requested school year. **Effective Date:** \_\_\_\_\_

☐ Denial of Request: Requested transfer DOES NOT meet the district criteria and is denied.

Comment: \_\_\_\_\_ Rev:04-16-15

## School Contact Information

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<b>CENTRALIA</b>	Fax 360- 330-7604	Email: nbabka@centralia.wednet.edu	P.O. Box 610, Centralia, WA 98531-0610 Phone: 360-330-7600
<b>CHEHALIS</b>	Fax 360-748-8899	Email: gmeister@chehalisschools.org	310 SW 16 <sup>th</sup> St., Chehalis, WA 98532 Phone: 360-807-7200
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