

# Choice Transfer Request

- New Request  
 Renewal

Requested District: _____	<b>School Year: 2019 to 2020 (one year only)</b>
Requested School: _____	Start Date: _____ (if mid-year release)
Program: (if applicable) _____	End Date: _____

**STUDENT INFORMATION (one form per student)**

Student: _____ <i>Legal name      First                      Middle                      Last</i>	Birth Date: _____ Grade Level: _____ <i>(of release year)</i>
Parent/Guardian: _____ <i>(Required if student is younger than 18 at the time of this request)</i>	Email: _____
Current or Last School Attended: _____	Phone (1): _____ Phone (2): _____
Residence Address _____ _____ _____, WA _____ <i>City    Zip</i>	Mailing Address (if different from residence) _____ _____ _____, WA _____ <i>City    Zip</i>

**REASON for REQUEST**

- The student's financial, educational, safety, or health conditions would likely be improved.
- Attendance in the nonresident district is more accessible to the parent's/guardian's place of work or to the location of child care.
- There is a special hardship or detrimental condition.
- The purpose of the release is for enrollment in an online course or school program offered by an OSPI-approved provider.
- Parent/guardian is an employee with the requested school district.

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been expelled or suspended for more than 10 consecutive days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student repeatedly failed to comply with requirements for participation in an online school program, such as participating in weekly direct contact with the teacher or monthly progress evaluations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student and/or parent had any formal meetings with school officials regarding school attendance issues in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student under a court order to attend school or is a truancy petition in the process of being filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SPECIAL PROGRAMS**

Is the student currently enrolled in, ever qualified for, or applying for enrollment in any of the programs listed below?

( ) Special Education	( ) Individual Education Plan	( ) English as a Second Language
( ) Title 1 or Learning Assistance Program	( ) Gifted Education	( ) Other Special Program

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Approved \_\_\_\_\_ Approval Signature \_\_\_\_\_

**NOTICES**

- The request is not complete until the resident school district and the nonresident school district have come to agreement.
- 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.
- The resident school district remains 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.) unless otherwise stated in the agreement.

**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 release may occur in accordance to the conditions listed in the nonresident school district’s policy.
- I understand that my student must continue to attend their current school schedule until the effective start date of the agreement or be subject to nonattendance 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 agreement 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 unless I revoke such consent in writing. Note: Information will be provided in written format; no information will be released over the phone.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232(g); 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are “eligible students.”

Parents or eligible students have the right to inspect and review the student’s education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student’s education record.

\_\_\_\_\_  
*Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)*

\_\_\_\_\_  
*Date Signed*

Return signed and completed form to:  
*Crescent School District  
Po Box 20  
Joyce, WA 98363*