

Choice Transfer Request

New Request
 Renewal

Requested District: _____		School Year: 20__ to 20__ (one year only)	
Requested School: _____		Start Date: _____ (if mid-year transfer)	
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 transfer 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): _____ <i>(Parent/Guardian contact if student younger than 18)</i>	
Residence Address _____ _____ _____ <i>City WA Zip</i>		Mailing Address (if different from residence) _____ _____ _____ <i>City WA Zip</i>	
REASON for REQUEST			
<p>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 transfer 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.</p>			
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 in an online school program, such 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 regarding school attendance issues in the past two years?		Yes No	
Is this student under a court order to attend school or is a truancy petition in the process of being filed?		Yes No	
SPECIAL SERVICES Does this student have a current IEP? (An IEP is an Individual Education Plan.)		Yes No	

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 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 time of request) Date Signed

Return signed and completed form to:

Medical Lake School District, PO Box 128 ~ 116 W Third St, Medical Lake, WA 99022 or FAX: (509) 565-3102

Special Services

____ Approved

____ Denied

CERTIFICATION OF RELEASE FROM _____ SCHOOL DISTRICT

Request to waive attendance for the _____ school year is: ___ Granted ___ Denied

Resident School District Authorized Signature _____ Date _____

CERTIFICATION NON-RESIDENT SCHOOL ACCEPTANCE

School District:

Acceptance for the _____ school year is: ___ Granted ___ Denied

Non-Resident School District Authorized Signature _____ Date _____