

ONALASKA SCHOOL DISTRICT #300

540 Carlisle Avenue, Onalaska, WA 98570

Phone: 360-978-4111 Opt 5 Fax: 360-978-4185

REQUEST FOR STUDENT RELEASE

The **Onalaska School District** may release resident students for attendance in another school district when one or more of the following criteria are met:

1. A financial, educational, safety, or health condition affecting the student would likely be reasonably improved as a result of the transfer.
2. Attendance in the non-resident district is more accessible to the parent's place of work or to the location of child care.
3. A special hardship or detrimental condition exists harmfully affecting the student or the student's immediate family.

All Requests For Transfers Must Originate With The Resident District And Be Renewed Annually

Section 1: (to be completed by applicant)

Birthdate: _____ M _____ F _____

Student Name _____ for School Year: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Phone _____

District/School Transferring to: _____ School: _____

Reason for Transfer Request _____

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

Does the applicant have:

Yes ___ No ___ Any history of placement in special educational programs?

Yes ___ No ___ Any past, current, or pending school disciplinary action, or legal system sanction?

Yes ___ No ___ Any history of placement in BECCA procedures in the past or present: _____

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 nonresident school district shall be dependent upon "Criteria for Release of Resident District and Acceptance of Nonresident District Students" established by the nonresident 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's Signature _____ **Date** _____

Section 2: (to be completed by district office)

____ The requested transfer **meets Onalaska School District criteria** and is granted for the _____ school year.

____ The requested transfer **does not meet Onalaska School District criteria** and is **denied**.

Comments: _____

Signed _____
Onalaska School District

Date _____

Signed _____
Non-Resident School District

Date _____