

SAMPLE PERPETUAL INTER-DISTRICT CHOICE TRANSFER RELEASE TO ENROLL IN REENGAGEMENT PROGRAMMING

(ending at the end of the school year in which the student turns 21 years of age.)

APPLICATION FOR ATTENDANCE IN A NON RESIDENT SCHOOL DISTRICT

PARENT/STUDENT REQUEST FOR CHOICE TRANSFER IN ORDER TO PARTICIPATE IN REENGAGEMENT PROGRAMMING

TO BE COMPLETED BY PARENT/GUARDIAN/STUDENT

Student Information: Full Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian’s Name: _____ Phone: _____

Current or Last School Attended: _____ School in the _____ District.

Location of Last School: City: _____ State: _____

Last grade attended: _____ Last school year attended: _____

Reason for this transfer request: Enrollment in _____ Reengagement Program/School in the _____ District.

Has the student been suspended or expelled from a previous school? Yes _____ No _____

Is the student currently enrolled or has the student been previously enrolled in Special Education?

Yes _____ No _____ It is understood that we, as parents/guardians: 1) Will assume responsibility for adequate transportation and supervision to and from the requested school, and 2) Retain the right for the student to re-enroll in a traditional or alternative high school within the district at any time, thus voiding this release.

Parent/Guardian Signature for student under 18 years old **Student Signature** for student 18 years old or older **Date**

TO BE COMPLETED BY THE STUDENT’S RESIDENT DISTRICT—DISTRICT USE ONLY

The _____ District releases the above named student and waives attendance and state apportionment claims for the period beginning _____ and ending *at the end of the school year in which the student turns 21 years of age.*

Has student attended school in the District during the current school year? ____ Yes ____ No

If yes, what was the student’s official withdrawal date: _____

Signature of District Designee: _____ **Date:** _____

Upon signature of this agreement by all parties, the District is released from financial responsibility for the student’s educational costs, unless the student chooses to reenroll in the District, in which case this agreement is voided.

TO BE COMPLETED BY NON-RESIDENT DISTRICT ACCEPTING THE STUDENT—DISTRICT USE ONLY

After reviewing the above-named student’s application, the space and capacity of the district, and the requested program’s enrollment policies, the request for Inter-district Transfer for the period beginning _____ and ending *at the end of the school year in which the student turns 21 years of age*

has been (circle one): **Approved / Denied**

Signature of District Designee _____ **Date:** _____

Transfer is approved with the understanding that the student retains the right to re-enroll in their resident district at any time, in which case this agreement is voided.