APPENDIX SI.B.4 SAMPLE INTER-DISTRICT TRANSFER

OPEN DOORS [1418] YOUTH REENGAGEMENT SYSTEM
APPLICATION FOR ATTENDANCE IN A NON RESIDENT SCHOOL DISTRICT
PARENT/STUDENT REQUEST FOR TRANSFER IN ORDER TO PARTICIPATE IN REENGAGEMENT PROGRAMMING

TO BE COMPLETED BY PARENT/GUARDIAN/STUDENT

Student Information: Full Name: ____________________________ Birthdate: ____________________________
Address: __________________________________________ City: ____________________________ Zip: _________
Phone: (_____) ____________________________ Parent/Guardian’s Name: ____________________________

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 ____________________________ Re-engagement 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, 2) May be required to reapply in order for the above student to attend the requested school in future years, 3) Retain the right for the student to re-enroll in their resident district at any time, thus voiding this agreement.

Parent/Guardian Signature for student less than 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:  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.

1 copy to resident district  1 copy to parent/student  1 copy to non-resident district office.  Original to be kept by reengagement program