

APPLICATION FOR ADMISSION IN NON-RESIDENT DISTRICT

Student Name: _____ Birthdate: _____ Current Grade: _____
 Street Address: _____ Apt. No.: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian Name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____

Kindergarten students only All-day kindergarten Half-day kindergarten
Middle/high school students only **Include a copy of transcript(s) and attendance records.**

For School Year: _____ Student will be in grade: _____
 1st Choice School: _____ 2nd Choice: _____ 3rd Choice: _____
 Name of CURRENT OR LAST school attended: _____

Identify the specific reason(s) for this transfer:

Continuation Educational (please explain in comments section)
 Closer to home Sibling attends a Shoreline school
 Closer to parent/guardian's work Parent/guardian employed by the Shoreline School District
 Location of childcare Special hardship/detrimental condition (please explain in comments section)
 Safety reasons
 Other (please explain): _____
 Comments: _____

The parent/guardian assumes responsibility for transporting the student to and from school daily or allows his/her child with a valid driver's license to drive to and from school daily. Once approved, admission is subject to your obtaining a release from your resident school district within 10 business days of receipt of this notice of admission and submitting that to the school where your child has been accepted. Parent/guardian certify that they have read and agree to the terms of the School Board Policies and Procedures relating to the release and admission of non-resident students (Policy 3141). Parent/guardian understands that this application may be denied or approval revoked if they have provided the Shoreline School District with false or inaccurate information.

Parents understand that applications are processed in the order received and admission is subject to space availability; receipt of the student's records for immunization; information regarding discipline, gang membership, suspension/expulsion; attendance; special services of programs from the last school attended; whether acceptance would result in a financial hardship for the district; whether the request is solely to support athletic or activity interests; or refusal to participate in mandated district and statewide tests. Parent/guardian hereby authorizes the exchange of confidential information regarding the above named student for the purpose of educational planning and assessment of needs, including establishing special education eligibility, placement, and program between Shoreline School District and:

 Name of School District School Phone Number

 Street address School Fax Number

 City, State, Zip

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 2000. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and to contest any information I feel is incorrect. This authorization is valid until revoked in writing.

Signature of Parent/Guardian or Adult Student: _____
 Printed Name: _____
 Relationship to Student: _____ Date: _____

STUDENTS

Non-Resident District Boundary Exceptions

Application for Admission in Non-Resident District (continued)

APPLICATION FOR ADMISSION IN NON-RESIDENT DISTRICT

Student Name: _____ Date: _____

Dear Parent/Guardian:

As permitted by law, please complete the student information listed below. For middle or high school students, also attach a summary/unofficial transcript and attendance history for possible placement. Once a student is accepted, an official transcript will be requested upon enrollment (RCW 28A.225.225).

Please indicate whether or not this student has:

Any past, current, or pending disciplinary action: _____

Any history of violent behavior: _____

Any attendance history concerns: _____

Any history of placement in special education*, 504*, ELL, special needs programs or Highly Capable program (*if yes, please provide a copy of the student's IEP or 504 plan along with this application): _____

Please deliver/mail original completed form to your 1st choice school

If you have questions, please call the Boundary Office at (206) 368-4771

RESIDENT DISTRICT AGREEMENT TO WAIVE ATTENDANCE • RESIDENT DISTRICT USE ONLY

The school district agrees to release this student and waives attendance and state apportionment claims for this student for the _____ school year.

Signature of Superintendent or Designee _____ Date _____

The releasing district does not assume financial responsibility for student's educational costs.

SHORELINE DISTRICT APPROVAL • SHORELINE DISTRICT USE ONLY

After reviewing the above-mentioned student's application, space and capacity for the district, and/or school/program requested, the request for interdistrict transfer has been:

APPROVED

DENIED

Reason(s) for denial: _____

Signature of Building Principal or Administrator _____ Date _____

Distribute an approved copy to parent.