

Choice Transfer Request

New Request
 Renewal

Requested District: _____	School Year: 20__ to 20__ <i>(one year only)</i>
Requested School: _____	Start Date: _____ <i>(if mid-year transfer)</i>
Program: <i>(if applicable)</i> _____	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 _____ _____ _____, WA _____ <i>City Zip</i>	Mailing Address <i>(if different from residence)</i> _____ _____ _____, WA _____ <i>City Zip</i>

REASON for REQUEST

- The Student's residence has changed.
- The student's financial condition would likely be improved.
- The student's educational condition would likely be improved.
- The student's safety concerns would likely be improved.
- The health conditions would likely be improved.
- Attendance in the nonresident district is more accessible to the parent's/guardian's place of work/to the location of child care.
- Attendance in the nonresident districts is more accessible to the parent/guardian's residence.
- There is a special hardship or detrimental condition impacting the student or family.
- To enroll in an online school/program.
- To enroll in an alternative school/program.
- Parent/guardian is an employee of the requested school district.
- To enroll in a school with academic options not offered in this district.
- To enroll in a school with extracurricular options not offered in this district.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been expelled or suspended for more than 10 consecutive days?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student and/or parent had any formal meetings with school officials regarding school attendance issues in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is this student under a court order to attend school or is a truancy petition in the process of being filed?

Yes No

Please see second page for important notices, acknowledgements, and signature.

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 the time of this request)

Date Signed

The above student is ___accepted___ not accepted into the Cusick School District #59 Date _____
Des. SIGNATURE _____ for 20__20__ school year, or rest of same year.

The above student is ___released___ not released from _____ Date _____
Des. SIGNATURE _____ for 20__20__ school year, or rest of same year.

Return signed and completed form to:

Cusick School District
305 Monumental Way
Cusick, WA 99119
Phone: (509) 445-1125
Fax: (509) 445-1598

CUSICK SCHOOL DISTRICT

Declaration of Intent to Provide Home-Based Instruction

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school, or an extension program of an approved private school must file an annual declaration of intent to do so in the format prescribed below:

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages of 8 and 18 and as such are subject to the requirements found in chapter 28A.225 RCW Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.225.010(4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

Child(ren)'s Name(s)

Age

() The home-based instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

Signature

Date

Street Address

Phone

City

State

Zip Code

This statement must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of the public school district within which the parent resides.

Send to: Cusick School District
305 Monumental Way
Cusick, WA 99119

SUPERINTENDENT

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Cusick School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.