



To complete this form electronically,
it must be opened in **Adobe Reader!**

Inter-District Agreement Request
for an Arlington Public Schools student to request enrollment in
another district **in addition to** being enrolled in Arlington

New request Renewal

| | |
|--|---|
| Requested District _____ | School Year: 20 _____ to 20 _____ <small>(one school year only)</small> |
| Requested School _____ | <small>(If mid-year transfer only)</small> Start Date _____ |
| Program <small>(if applicable)</small> _____ | End Date _____ |

Student Information (one form per student)

| | |
|---|---|
| Student First Name _____ | Birth Date _____ |
| Student Middle Name _____ | Grade Level <small>(of transfer year)</small> _____ |
| Student Last Name _____ | |
| <small>(Required Parent/Guardian contact if student is younger than 18 at the time of this request)</small> | |
| Parent/Guardian _____ | Email _____ |
| Phone (1) _____ | Phone (2) _____ |

| | |
|--------------------------|--|
| Residence Address | Mailing Address (if different from residence) |
| Street _____ | _____ |
| City _____ WA, Zip _____ | City _____ WA, Zip _____ |

Current or Last School Attended _____

Reason for Request (choose one option only)

- | | |
|--|---|
| <input type="checkbox"/> Student's residence has changed | <input type="checkbox"/> To enroll in an online school/program |
| <input type="checkbox"/> Student's financial condition would likely be improved | <input type="checkbox"/> Attendance in the nonresident district is more accessible to the parent/guardian's residence |
| <input type="checkbox"/> Student's educational condition would likely be improved | <input type="checkbox"/> There is a special hardship or detrimental condition impacting the student or family |
| <input type="checkbox"/> Student's safety concerns would likely be improved | <input type="checkbox"/> To enroll in an alternative school/program |
| <input type="checkbox"/> Attendance in the nonresident district is more accessible the parent/guardian's place of work | <input type="checkbox"/> Parent/guardian is an employee of the requested school district |
| <input type="checkbox"/> Student's health condition would likely be improved | <input type="checkbox"/> To enroll in a school with academic options not offered in this district |
| <input type="checkbox"/> Attendance in the nonresident district is more accessible to childcare | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please see second page for additional student information.

Educational Services Requested

Does this student qualify for Special Education services? Yes No
(Must have an active IEP and a current evaluation)

After completion of the placement test, does this student qualify for TBIP (Transitional Bilingual Instruction Program) services? Yes No

Does this student qualify as Exited TBIP?
(To qualify, the student was receiving TBIP services in the previous school year and/or current school year, and scored a Level 4 in the annual WELPA test in either the spring of those years.) Yes No

Courses Requested (Include course or coursework description, credit, % of the day, etc.)

| | Resident School | Nonresident School |
|---------------|-----------------|--------------------|
| Grades K-12 | | |
| | | |
| | | |
| | | |
| | | |
| Skill Center | | |
| | | |
| | | |
| | | |
| | | |
| Running Start | | |
| | | |
| | | |
| | | |
| | | |

Please see third page for important notices, acknowledgements, and signature

Notices

- * The request is not complete until the resident school district and the nonresident school district have come to agreement.
- * 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.
- * The resident school district remains 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.) unless otherwise stated in the agreement.

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

Return signed and completed form to:

*Arlington Public Schools
315 N French Ave
Arlington, WA 98223
FAX: 360-618-6249
Email: sshoemaker@asd.wednet.edu*