

APPLICATION FOR NONRESIDENT ADMISSION

All requests for interdistrict transfers must be coordinated with both the resident district and the nonresident district in which the student seeks admission. Vashon Island School District cannot admit a student until a release from the resident district is received.

SECTION I Applicant Information

Student's Name: _____

Entering Grade: _____ Age: _____ Birthdate: Mo: _____ Day: _____ Yr: _____

Parent or Guardian Name: _____

Telephone - Home: _____ Work: _____ Cell: _____

Email Address: _____

Address: _____ City _____ Zip _____

Resident School District Name: _____

Last School Attended: _____

Period of time for which transfer is requested: _____

School to which student is requesting transfer: _____

Is there another child in the family for whom transfer is being requested? Yes No

If yes, student's name and grade: _____

In the space below, identify the basis for the request and the specific reason for this transfer request. Please provide as much information as possible; attach supporting documentation as needed.

1. _____ A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer.
2. _____ Attendance at the school in the nonresident district is more accessible to the parent's place of work or to the location of child care; or
3. _____ There is some other special hardship or detrimental condition affecting the student or the student's immediate family which would be alleviated as a result of the transfer.

Comments: _____

In addition to the foregoing, any interdistrict transfer must be in compliance with all other district policies including those relating to student attendance, academic standards and class size.

Please respond to the following questions:

1. Has the student any history of placement in a special education program?
Yes No
If yes, provide placement information: _____

2. Has the student any past, current or pending disciplinary action?
Yes No
If yes, provide a brief statement about the situation: _____

3. Has the student any history of violent behavior? Yes No
If yes, provide a brief statement about the situation: _____

4. Has the student any unpaid finds and/or fees in the resident district?
Yes No
If yes, explain why the fines/fees have not been paid to date: _____

5. Has the student any health conditions affecting the student's educational needs?
Yes No
If yes, provide a brief statement about the situation: _____

6. A release from your resident district is required. Is that document being provided with this request? Yes No Provided upon VISD acceptance

Approval is subject to the receipt of a signed resident district release form.

Date of receipt of resident district's release: _____

Parent/Guardian Signature

Date

Student's Signature (Grades 7-12 only)

Date

SECTION II Certification of Admission or Denial of Admission by Nonresident District

Admission Approval: Admission is granted, based on the following:

- Space is available in the grade level or classes at the building in which the student desires to be enrolled;
- Appropriate educational programs or services are available to improve the student's condition as stated in requesting release from the district of residence;
- The student's attendance in the district is not likely to create a risk to the health or safety of other students or staff, and
- The student will demonstrate continued academic success.

This acceptance is for **one school year only per state law** and may be terminated earlier at the discretion of the district if the district determines that any of the aforementioned conditions required for acceptance no longer continue.

No tuition is charged. Student's attendance shall be at no additional cost to the Vashon Island School District for transportation or other expenses.

Approved By: _____
Building Administrator (Date)

Acknowledgment By: _____
School District Superintendent or Designee (Date)

Admission Denial: Your request for admission has been denied for the following reason(s):

Denied By: _____
Building Administrator (Date)

Acknowledgment by: _____
School District Superintendent or Designee (Date)

In the event that the application for admission to the nonresident district or your request for release from your resident district is denied, you may request the Board of Directors of the respective school district to review that decision. You must give at least five school business days notice prior to the next regular school board meeting in order to have a hearing before the School Board.

Legal References:	Board Policy	3121	Enrollment and Attendance Records
		3141	Nonresident Students
	WAC	392-15	Interdistrict Cooperation
		392-137-020	Nonresident students under the age of twenty-one -- Mutual agreement between resident and nonresident districts required
		392-137-040	District policies -- Procedures and criteria for release of resident students and admission of nonresident students
		392-137-055	Appeal notice
	RCW	28A.225.220	Adults, children from other districts, agreements for attending school -- Tuition
		28A.225.240	Appeal from certain decisions to deny student's request to attend nonresident district -- Apportionment of credit
		28A.175.090	Attendance at nonresident high schools

Informed Consent
Vashon Island School District No. 402
Non-Resident Transportation Plan

_____ has my consent and authorization for the following transportation plan.

Please describe transportation plan below (include specifics such as route numbers, expected time, contact people and numbers, etc.) Please include a Vashon citizen's emergency contact information as soon as possible.

Effective Dates: _____

Informed consent:

In the event of an accident or illness, I understand that every reasonable effort will be made to contact me immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

I am aware that during the 2012-13 school year there will be established ferry times, and adult supervision on the morning and afternoon Washington State Ferry for VISD students in grades kindergarten through fifth grade. I will pay for my child's ferry transportation costs. I am also aware that there will be routine VISD bus service from the Vashon ferry dock to the elementary school each morning and routine VISD bus service to the Vashon ferry dock each afternoon. This service is for students who attend full-day school. If my child is a kindergarten student I will provide mid-day transportation for my child.

Being fully aware of the above mentioned arrangements, I hereby consent to the student participating in the transportation plan.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name (printed): _____

Phone Number: _____

Address: _____