

Intra-District Choice Transfer Request

Requested Eastmont School: _____		Beginning in school year: 20____ to 20____	
Eastmont School should attend or last attended: _____		Start Date: _____ (if mid-year transfer)	
STUDENT INFORMATION (one form per student)			
Student: _____ (Preferred name) First Middle Last		Birth Date: _____ Grade Level: _____ (of transfer year)	
Parent/Guardian: _____ (Required if student is younger than 18 at the time of this request)		Phone (1): _____	
Parent/Guardian Email: _____		Phone (2): _____ (Parent/Guardian contact if student younger than 18)	
Residence Address _____ _____ _____, WA _____ City Zip		Mailing Address (if different from residence) _____ _____ _____, WA _____ City Zip	
Does the student have a sibling(s) that attend or that is applying to attend the requested school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling(s) Name: _____			
REASON for REQUEST (choose one option only)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Student's residence has changed <input type="checkbox"/> Student's financial condition would likely be improved <input type="checkbox"/> Student's educational condition would likely be improved <input type="checkbox"/> Student's safety concerns would likely be improved <input type="checkbox"/> Student's health condition would likely be improved <input type="checkbox"/> Attendance in school is more accessible to the parent/guardian's place of work <input type="checkbox"/> Attendance in the school is more accessible to childcare </div> <div style="width: 48%;"> <input type="checkbox"/> There is a special hardship or detrimental condition impacting the student or family <input type="checkbox"/> To enroll in an alternative school/program <input type="checkbox"/> Parent/guardian is an employee of the requested school <input type="checkbox"/> Other: _____ </div> </div>			
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 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
Does this student receive Special Education Services (IEP)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student receive Section 504 accommodations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student need bilingual services?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Return signed and completed form to:
 Intra-District Choice Transfer Request
 Eastmont School District #206
 800 Eastmont East Wenatchee, WA 98802
 509-884-7169 Fax: 509-884-4210
jacksonh@eastmont206.org

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

NOTICES

- The transfer request is not complete until it has been accepted. The student remains the responsibility of the resident school 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.
- The parent/guardian has 5 days to appeal the decision per policy #4220.
- Choice may be rescinded if the student has problems with attendance, tardiness, discipline; if continued enrollment poses a risk to health or safety of other students or staff; **or if overcrowding occurs at the student's grade level per policy #3141.**
- **It is the responsibility of the parent to provide transportation to and from school.**

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 school district policy, and rescindment (revoking) of this transfer may occur in accordance to the conditions listed in the 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.
- FERPA Release: I authorize the resident school 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

◆ CHOICE SCHOOL

AGREEMENT to Accept/Deny Choice Student

- ☐ Approved ☐ Denied due to lack of space available ☐ Denied for other reason(s) stated below

 Date

 Accepting Superintendent or Designee

NONDISCRIMINATION STATEMENT FOR SCHOOL PUBLICATIONS AND PUBLIC ANNOUNCEMENTS

The Eastmont School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to Vicki Trainor, Executive Director. Issues related to 504 should be directed to the Spencer Taylor or David Woods Executive Directors, Eastmont School District No. 206, 800

Eastmont Avenue, East Wenatchee, WA 98802, (509) 884-7169