

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: \_\_\_\_\_

Kindergarten students only .....  All-day kindergarten  Half-day kindergarten

Middle/high school students only: Include a copy of transcript(s), attendance records.

For School Year: \_\_\_\_\_ Student will be in grade: \_\_\_\_\_

1<sup>st</sup> Choice School: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

Name of CURRENT OR LAST school attended: \_\_\_\_\_

Identify the specific reason(s) for this transfer:

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

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 certifies 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.

Parent/guardian understands 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 health conditions affecting the student's educational needs: \_\_\_\_\_

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 along with the release from your resident school district (except for Seattle residents) to your 1<sup>st</sup> choice school**

If you have questions, please call the Boundary Exceptions 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 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Coordinator of Special Programs, if applicable \_\_\_\_\_ Date \_\_\_\_\_

**Distribute an approved copy to parent.**