

REQUEST FOR RELEASE OF RESIDENT STUDENT

Adna Boistfort Centralia Chehalis Evaline Morton Mossyrock Napavine Onalaska
PeEll Toledo White Pass Winlock

See Reverse Side for School Contact Information

All requests for transfer must originate with the resident district and be renewed annually.

Section 1: (To be completed by applicant) For School Year: _____ Age: _____ Grade: _____
Student Name: _____ Birthdate: _____ M F
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address _____ Home Phone: _____ Cell: _____
Resident District: _____ Last School Attended: _____
District Transferring To: _____ School Transferring To: _____

The resident school district may release resident students for attendance in another school district when one or more of the following criteria are met. Reason for requesting transfer: **(please check one)**

- A financial, educational, safety or health condition affecting the student would likely be reasonably improved as a result of the transfer.
- Attendance in the non-resident district is more accessible to childcare. Location: _____
- Attendance in the non-resident district is more accessible to the parent's work place. Location: _____
- A special hardship or detrimental condition exists harmfully affecting the student or the student's immediate family.
- Other: Please explain _____

Please provide information and answers to the following questions about the applicant's educational status. (The reverse side may be used to explain "yes" responses.) Does the applicant have:

- Yes No Does the student have a sibling in the district you are requesting?
If yes, which school? _____
- Yes No Any history of placement in special education programs?
- Yes No Any past, current, or pending school disciplinary action, or legal system sanction?
- Yes No Any past, current or pending Becca Bill petitions filed with Juvenile Court?
- Yes No Any history of violent behavior?
- Yes No Any health conditions affecting the student's educational needs?

BEFORE YOU PROVIDE YOUR SIGNATURE: The above request to attend the non-resident school district, shall be dependent upon "Criteria for Release of Resident District and Acceptance of Non-resident District Students" established by the non-resident school district. In addition, the nonresident school district reserves the right to revoke this transfer at any time throughout the school year if:

- attendance would result in the district experiencing a financial hardship;
- regular attendance is not maintained;
- student does not follow the rules and regulations applicable to all students attending in the nonresident district;
- it becomes necessary to change the education program/setting/placement of the students;
- information provided by the applicant is incomplete or has been misrepresented;
- parent's fulltime certificated or classified employment with the district ends; or
- nonresident student's presence displaces a resident student or if space in the grade level classes or programs becomes unavailable. (different rules apply to children of school district employees)

When any of the above reasons occur, the transfer approval becomes null and void. Any further consideration for readmission must be based on completion of a new application.

All transfer requests are subject to District requirements including student attendance, academic standards, class size, and the educational program ability to serve.

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Section 2: (District use)

Resident School Superintendent _____ Date _____

Non-Resident School Asst. Superintendent _____ Date _____

Approval of Request: Requested transfer DOES meet the district criteria (checked above) and is granted for the requested school year. **Effective Date:** _____

Denial of Request: Requested transfer DOES NOT meet the district criteria and is denied.

Comment: _____ Rev:03-15-22

School Contact Information

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CENTRALIA	Fax 360- 807-2888	Email: Natasha Babka nbabka@centralia.wednet.edu	P.O. Box 610, Centralia, WA 98531-0610 Phone: 360-330-7600
CHEHALIS	Fax 360-748-8899	Email: Gayle Meister gmeister@chehalisschools.org	310 SW 16 th St., Chehalis, WA 98532 Phone: 360-807-7200
EVALINE	Fax: 360-785-4181	Email: Corrie Kirkpatrick ckirkpatrick@evalinesd.k12.wa.us	111 Schoolhouse Road, Winlock, WA 98596 Phone: 360-785-3460
MORTON	Fax: 360-586-3208	Email: Sydney McCoy smccoy@morton.k12.wa.us	P.O. Box 1219, Morton, WA 98356 Phone: 360-496-5300
MOSSYROCK	Fax: 360-983-8111	Email: Janice Greene jgreene@mossyrockschools.org	P.O. Box 478, Mossyrock, WA 98564-0478 Phone: 360-983-3181
NAPAVINE	Fax: 360-262-9737	Email: Sharee Ozretich sozretich@napavineschools.org	P.O. Box 840, Napavine, WA 98565 Phone: 360-262-3303
ONALASKA	Fax: 360-978-4185	Email: Tori Griggs tgriggs@onysd.wednet.edu	540 Carlisle Ave, Onalaska, WA 98570 Phone: 360-978-4111
PE ELL	Fax: 360-291-3823	Email: Julie Castro jcastro@peell.k12.wa.us	P.O. Box 368, Pe Ell, WA 98572 Phone: 360-291-3244
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WHITE PASS	Fax: 360-497-2560	Email: Nancy Nebeker nnebeker@whitepass.k12.wa.us	P.O. Box 188, Randle, WA 98377 Phone: 360-497-3791
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