

**Coulee-Hartline School District #151
 "CHOICE" APPLICATION FOR
 IN-DISTRICT & NON-RESIDENT STUDENTS**

Deliver, mail, or fax this completed form to:
 COULEE-HARTLINE SCHOOL DISTRICT
 410 WEST LOCUST
 COULEE CITY WA 99115
 509-632-5231 / 509-632-5166 FAX

Student Name _____ Date of Birth _____ School requesting to attend _____ Grade / School Year _____

Street Address (& mailing if different): _____

City: _____ State: WA _____ Zip: _____ Phone (home) _____

Parent/Guardian Name(s): _____ Phone (work) _____

Based on your home address, which school would your student attend? _____

School student is attending or last attended: _____

Please identify the reason for this request:

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Location of Child Care | <input type="checkbox"/> Location of Parent's Workplace | <input type="checkbox"/> Remain at same school | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Health | <input type="checkbox"/> Sibling attends Choice School | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Special Hardship Condition | <input type="checkbox"/> Other _____ | | |

Explanation: _____

 Today's Date _____ Parent Signature _____ Student Signature (High School Only) _____

IT IS THE RESPONSIBILITY OF THE PARENT TO PROVIDE TRANSPORTATION TO AND FROM SCHOOL

- | | | |
|--|-----------------------------|---|
| Student receives/or has received Special Education Services (I.E.P.) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Student needs bilingual services | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Student receives/ or has received Section 504 accommodations | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Student has been suspended/expelled from previous school | <input type="checkbox"/> No | <input type="checkbox"/> Yes Name of School _____ |
| Student has had attendance problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes Name of School _____ |

"ADMISSION CRITERIA" set by the nonresident district is based on space available in the grade level or classes at the building the student desires enrollment; appropriate educational programs or services are available to improve the student's condition as stated in requesting release of resident district; and the student's attendance in the district is not likely to create a risk to the health or safety of the others students or staff.

"CHOICE" may be denied or withdrawn if the student has problems with attendance, tardiness, discipline or if continued enrollment poses a risk to the health or safety of other students or staff. Parents upon notification of denial shall have the right to appeal to the school board of the respective district for review. You have the right to appeal that decision to the Superintendent of Public Instruction, Olympia, WA 98504-3211 for review of the decision. A final decision shall be communicated to the parent/guardian in writing.

Non-Resident District Use

Based on the admission criteria the student's enrollment request is:

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

 Date _____ **Non-Resident** Superintendent or Designee _____

Resident District Use

Agreement to waive attendance:

Having examined the circumstances and facts stated above and agreeing that the student will be best accommodated by the nonresident district, this district hereby agrees to waive attendance for the _____ school year.

- Approved** **Denied** for reason(s) stated below

 Date _____ **Resident** Superintendent or Designee _____