Almira School District #17
"CHOICE" APPLICATION FOR 2010-11
IN-DISTRICT & NON-RESIDENT STUDENTS

Deliver, mail, or fax this completed form to:
ALMIRA DISTRICT
PO BOX
ALMIRA WA 99103
509-639-2414 / 509-639-2620FAX

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:

☐ Location of Child Care ☐ Location of Parent's Workplace ☐ Remain at same school ☐ Educational
☐ Financial ☐ Health ☐ Sibling attends Choice School ☐ Safety
☐ Special Hardship Condition ☐ 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.)	☐ No	☐ Yes
Student needs bilingual services	☐ No	☐ Yes
Student receives/ or has received Section 504 accommodations	☐ No	☐ Yes
Student has been suspended/expelled from previous school	☐ No	☐ Yes Name of School_____
Student has had attendance problems	☐ No	☐ 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"CHOICE" may be denied or withdrawn if the student has problems with attendance, tardiness, discipline or if continued enrollment poses a risk to the health or safety of other students or staff.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