

Seaside School District 10

Code: **JECB-AR(2)**

Reviewed/Revised: 6/18/2019, 2/4/2020

Request for Nonresident Student Admission – Interdistrict Transfer

Transfer Requested for school year _____

For Office Use Only/Student ID# _____

STUDENT INFORMATION/PARENT REQUEST

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Date of Birth _____ (MM/DD/YYYY) Student Grade Level _____

Residential Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Parent/Guardian Name(s) _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

Email Address _____

- Is the student currently under expulsion? Yes No
If yes, what was the reason? _____
- Is there a sibling of this applicant currently attending in this district? Yes No
If yes, name of sibling and school attending: _____
- Has the child attended a public charter school in the district for three consecutive years, finished the highest possible grade in that school; and not attended another school outside the district since completing the highest grade? Yes No
- Is, or was the student a resident of this district in the current school year? Yes No
If yes, please provide move/moving date: _____

Granting the request does not guarantee acceptance to another district, nor to a specific school within the accepting district.

An approved agreement may be revoked by the non-resident district for any of the following reasons:

1. The student shows a pattern of violating school rules and regulations;
2. The student has irregular attendance or chronic tardiness;
3. Any information on the request form is falsified.

I hereby certify that the information I have provided is true and I understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request. I acknowledge that the resident and non-resident districts will exchange student educational records and other educationally relevant information.

I understand that I am responsible for transportation of this student if this application is granted.

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Final Action of *Resident* District: Approved Denied

Reason for denial or comments: _____

Superintendent/Designee: _____ Date: _____

Final Action of *Non-Resident* District: Approved Denied

Reason for denial or comments: _____

Superintendent/Designee: _____ Date: _____