

Central Kitsap School District No. 401
APPLICATION FOR ONE-YEAR NON-RESIDENT ADMISSION

Section I – Student Information

Directions: Parent/legal guardian, complete Section I. Return ELEMENTARY requests to the main office of requested elementary school. SECONDARY requests are to be submitted to the Superintendent's Office, CKSD Administration Building, 9210 Silverdale Way, Silverdale, or mailed to Superintendent's Office/Transfer Requests, PO Box 8, Silverdale, WA 98383. **Please print, using blue or black ink.**

Student's Legal Name (One form per student):	For School Year 20____-____ <input type="checkbox"/> Full Year <input type="checkbox"/> 2nd Semester
Parent/Legal Guardian Name:	Grade for Application Year:
Residence address:	Home Phone:
City: _____ State: _____ Zip: _____	Work/Cell Phone:
Resident School District: <input type="checkbox"/> Bremerton <input type="checkbox"/> Bainbridge Island <input type="checkbox"/> Other <input type="checkbox"/> North Kitsap <input type="checkbox"/> North Mason <i>Please write in:</i> <input type="checkbox"/> South Kitsap	Mailing Address (if different from street address):
	Requesting Permission to Attend: <i>*TEAM, Montessori, Gifted, Venture, etc., when applicable.</i>
	<i>School Name / Program*</i>

Check below the reason for the request:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled at requested or feeder school

<i>Enter name of Elementary or Junior High feeder school</i> | <input type="checkbox"/> There is some other special hardship or detrimental condition affecting the student or the student's immediate family that would be alleviated as a result of the transfer. |
| <input type="checkbox"/> Closer to location of child care or parent's place of work | <input type="checkbox"/> Financial, Educational, Safety, or Health |
| <input type="checkbox"/> CKSD Employee (Enter work site) _____ | |
- Yes No Has your child ever been enrolled in special education classes?
 Yes No Does your child have a current IEP?

Non-resident students attending a school in the Central Kitsap School District must continue to meet transfer requirements. The parent/guardian must assume responsibility for adequate transportation and supervision to and from school.*

Approval is for one school year only.

My signature authorizes the resident district to provide all information necessary to CKSD in order to process this request.

Signature of parent or legal guardian _____ Date _____

Denial of the application by either District may be appealed to the Superintendent of Public Instruction, PO Box 47200, Olympia, Washington 98504-7200, under RCW 28A.225.230.

* Limited exceptions may be granted pursuant to WAC 392.137.

Section II – Central Kitsap School District

The Central Kitsap School District has determined that:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Space (Capacity) and appropriate educational programs or services are available in the grade-level/ classes/programs at the building where the student desires to be enrolled. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student has a record of conviction of crimes, violent or disruptive behavior, or gang membership. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student has been expelled or suspended for more than ten (10) consecutive days. |
| <input type="checkbox"/> | <input type="checkbox"/> | Student covered by RCW 28A.225.270. |

Request Granted / Denied

(Please circle one)

Principal of Receiving School / Date

Program Director / Date

Section III – Releasing District

The _____ School District hereby releases said student and waives attendance claims and State claims for said student from _____ to _____.

Signature of Superintendent / Designee _____ Date _____

Releasing district, please return to CKSD Superintendent's Office/Transfer Requests, PO Box 8, Silverdale, WA 98383

Distribution: Central Administration Parent Assigned School Receiving School