Non-Resident Enrollment Request

(For all requests other than Ionia ISD Collaborative Schools of Choice or 105c)

{1 Year Release Only}

Request for_____ School Year Resident District _____ Effective Date of Enrollment_____

Student Information					
Student Name	Gender	Birthdate	Grade Requested	Previous School Attended	School Requested

Parent Information	
Parent Guardian Name:	Daytime phone: Email address:
Street:	City/Zip:

Reason for Request	
This request is for release to a nonresident district: ☐ To continue to complete the **current school year** in ESTABLISHED district ☐ To complete **senior year** in ESTABLISHED high school ☐ Parent/guardian is an employee of the requested district ☐ Special program is not available at resident district - attach documentation Alternative Education Program ☐ Other (describe in comments below):	**Is the student receiving special education programs or services?** ☐ yes ☐ no Parent: If yes, attach a copy of the current IEP. **Has the student been expelled or suspended in the last two years?** ☐ yes ☐ no If yes, check ✓ the student name above and describe below.
Comments:	

The Ionia County Intermediate School District and constituent local districts do not discriminate on the basis of race, color, disability, religion, gender, or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Non-Resident enrollments may be denied to a student who has been suspended or expelled from, or has a history of truancy, at their previous district.

Parent Signature

As parent/guardian of the above named student(s) I hereby request approval of transfer of the student(s) as indicated below. I understand that:

a. I release all education records, including medical records, to the receiving district;
b. **Transportation of the student(s) to the receiving district is my sole responsibility;**
c. This document represents a commitment between the parent/guardian and the school district of enrollment for **one complete school year; and**
d. **Any incomplete, inaccurate, or false statements may invalidate the transfer.**

Parent / Guardian Signature: *By typing my name I am signing this form.* **Date:**

	Approved	Denied	
_____ Releasing District Superintendent Signature	☐	☐	_____ Date
_____ Enrolling District Superintendent's Signature	☐	☐	_____ Date

Note: Superintendent decisions on release and/or enrollment are final and discretionary with no appeal process.