

Cedar Springs Public School District

Non-Resident Enrollment Request

(for all requests other than Kent ISD Collaborative SOC or 105C)
 (Resident District Release – 1 Year Release Only)

Request for 2024-2025 School Year

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	
<p>This request is for release to a non-resident district:</p> <p><input type="checkbox"/> To continue to complete the current school year in ESTABLISHED district</p> <p><input type="checkbox"/> To complete senior year in ESTABLISHED high school</p> <p><input type="checkbox"/> Special program not available at resident district, including an alternative education program - attach documentation</p> <p><input type="checkbox"/> Other Reason (describe in comments below):</p>	<p>Is the student receiving special education programs or services? <input type="checkbox"/> yes <input type="checkbox"/> no Parent: If yes, attach a copy of the current IEP.</p> <p>Has the student been suspended in the last two years or ever expelled? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, check ✓ the student name above and describe below.</p>
Comments:	

The Cedar Springs Public School District does 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 applicants 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:	Date:

This Section For District Use Only																
<table border="0"> <tr> <td></td> <td style="text-align: center;">Approved</td> <td style="text-align: center;">Denied</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Resident District Superintendent Signature (See page 2 to determine if required)</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>Cedar Springs Public School District Superintendent Signature</td> <td></td> <td></td> </tr> </table>		Approved	Denied	_____	[]	[]	Resident District Superintendent Signature (See page 2 to determine if required)			_____	[]	[]	Cedar Springs Public School District Superintendent Signature			_____ Date _____ Date
	Approved	Denied														
_____	[]	[]														
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_____	[]	[]														
Cedar Springs Public School District Superintendent Signature																

District Use Only

Student Name: _____

Request for 2024-2025 School Year

Copies to: Accepting District, Resident District, Parent

Only Enrolling District Signature Required*

- Kent ISD Choice Program
- Section 105c Schools of Choice – Districts Within Contiguous Intermediate School Districts
- Part-Time Public School Pupils (FTE .50 or Less)
- Nonpublic/Homeschool Pupils (under Sec. 166b)
- Cooperative Education Program
- Child of District Employee
- Alternative Education Pupil Who is Suspended/Expelled, Pregnant/Parent, Prior Dropout, or Referred by the Court
- Pupil Moved Out of District After Start of School Year (Was Validly Claimed for FTE in Fall Count)
- Pupil Expelled from Other District
- Pupil –Official Complaint of Assault
- Other Section 6(6): _____

*For more extensive Descriptions and Guidelines on Section 6(6) Exempt Categories please see the complete Descriptions provided

Both Enrolling District & Resident District Signature Required**

**If resident district signature is required, enrolling districts are highly encouraged to secure signature prior to acceptance

- Pupil Moved Out of District After Start of School Year (Without Being Validly Claimed for Fall FTE)
- Pupil Returning to Complete Senior Year in Established High School
- Special Program Not Available in Resident District, including an Alternative Education Program (Please Provide Program Name: _____)
- Other Reason (Explain: _____)