



**RICHLAND SCHOOL
DISTRICT TWO**

REQUEST TO REMAIN AT CURRENT SCHOOL FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR

TYPE OF REQUEST: **IN-DISTRICT REQUEST** **OUT-OF-DISTRICT REQUEST**

NAME OF SCHOOL: _____ **DATE:** / /

Description of Allowable Requests:

- 1. In-District Request:** If a student moves from one Richland School District Two school zone to another RSD2 school zone after the 45th day, the student can request permission to stay, for the remainder of the school year, by completing this form and submitting proofs of residence for the new address.
- 2. Removal from a Choice Program:** If a student is taken out of a Choice program or drops out of a Choice program on/after the 45th day, he or she may be granted approval to complete the remainder of the school year at the current school.
- 3. Out-of-District Request:** If a student moves from the Richland School District Two attendance zone to an out-of-district school zone with eight weeks or less remaining in the current school year, the student can request permission to stay for the remainder of the school year, by submitting a written request, along with this form. Out-of-district requests to remain must be approved by the district office.

Responsibility of the Parent/Guardian:

1. Provide proofs of residence to the school's Registrar (Required for In and Out of District requests). The requirement is three(3) proofs of residence for the new address (lease, mortgage statement and two utility bills).
2. Maintain exemplary attendance, discipline and promptness to school.
3. Cooperate with school in regards to academic and disciplinary matters.
4. Provide transportation of child to and from school (transfers cannot ride school busses for this purpose).
5. Withdraw the student at the end of the school year to attend the zoned school the following school year.

**Failure to meet the above requirements can result in this approval being revoked.
Out-of-District Requests must have a written request attached.**

Student Name(s) _____ **Grade(s)** _____

Previous Address: **City:** **State:** **Zip Code:**

Date of Move: _____

Current Address: **City:** **State:** **Zip Code:**

Parent Name _____ **Parent Contact #** _____

Parent Signature _____

**Signature Required by Principal for
In-district approval and District
Registrar for Out of District Approval** _____

Approved **Denied**