

RETURN COMPLETED FORM TO:

Bellingham School District #501
1985 Barkley Blvd. Bellingham, WA 98226
360-676-6400 ext. 6512 Fax: 360-676-2692
polly.johnson@bellingshamschools.org

FTE INTERDISTRICT AGREEMENT

☒ New Request
☐ Renewal

SCHOOL INFORMATION		Resident District: _____		Resident School: _____	
Requested District: _____			School Year: 20____ to 20____ (one year only)		
Requested School: _____			Start Date: _____ (if mid-year transfer)		
Program: (if applicable) _____			End Date: _____		
STUDENT INFORMATION (one form per student)					
Student: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>			Birth Date: _____ Grade Level: _____ <div style="text-align: center; font-size: small;">(of transfer year)</div>		
Parent/Guardian: _____ <i>(Required if student is younger than 18 at the time of this request)</i>			Email: _____		
Current or Last School Attended: _____			Phone (1): _____		
			Phone (2): _____ <i>(Parent/Guardian contact if student younger than 18)</i>		
Residence Address _____, WA _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City Zip </div>			Mailing Address (if different from residence) _____, WA _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City Zip </div>		
REASON for REQUEST					
<input type="checkbox"/> The student's financial, educational, safety, or health conditions would likely be improved. <input type="checkbox"/> Attendance in the nonresident district is more accessible to the parent's/guardian's place of work or to the location of child care. <input type="checkbox"/> There is a special hardship or detrimental condition. <input type="checkbox"/> The purpose of the transfer is for enrollment in an online course or school program offered by an OSPI-approved provider. <input type="checkbox"/> Parent/guardian is an employee with the requested school district.					
BEHAVIOR (attach sheet with explanation for any yes answers)					
Does the student have a record of conviction of crimes, violent or disruptive behavior or gang membership?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been expelled or suspended for more than 10 consecutive days?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student repeatedly failed to comply with requirements for participation in an online school program, such as participating in weekly direct contact with the teacher or monthly progress evaluations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student and/or parent had any formal meetings with school officials regarding school attendance issues in the past two years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student under a court order to attend school or is a truancy petition in the process of being filed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL EDUCATION					
Does this student qualify for special education services? <i>(if Yes, must have an active IEP and a current evaluation)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please see second page for important notices, acknowledgements, and signature.					

EDUCATIONAL SERVICES REQUESTED

Does this student qualify for Special Education services?
(Must have an active IEP and a current evaluation)

☐ Yes ☐ No

After completion of the placement test, does this student qualify for TBIP (Transitional Bilingual Instruction Program) services?

☐ Yes ☐ No

Does this student qualify as Exited TBIP?

(To qualify, the student was receiving TBIP services in the previous school year and/or current school year, and scored a Level 4 in the annual WELPA test in either the spring of those years.)

☐ Yes ☐ No

COURSES REQUESTED (Include course or coursework description, credit, % of the day, Special Ed services, Intent to Homeschool, etc.)

	Resident School		Nonresident School	
Grades K-12	Course/Service	FTE	Course/Service	FTE
Skill Center	Course/Service	FTE	Course/Service	FTE
Running Start	Course/Service	FTE	Course/Service	FTE

Please see third page for important notices, acknowledgements, and signature.

NOTICES

- The transfer request is not complete until the resident school district has submitted the request to the nonresident school district, and it has been accepted. The student remains the responsibility of the resident school district until the effective start date at the nonresident school.
- The parent/guardian will be notified by email (or postal mail if an email is not provided) of acceptance and the effective start date or rejection.
- If the request is rejected, the notification will include the reason for the denial and steps to appeal the decision.
- If a district does not respond to a request within 45 days of the request, the request is treated as a denial and the parent/guardian can appeal.
- Under the Choice law, the nonresident school district becomes responsible for all matters related to the education of the student (basic education, special education, home/hospital services, truancy, CEDARS reporting, administration of state educational assessments, etc.). Legal Reference: RCW 28A.225.220 through 230.

ACKNOWLEDGEMENTS

- I certify that the information provided is accurate and complete.
- I understand that approval of this request shall be dependent upon the acceptance and rejection standards stated in the nonresident school district's policy, and rescindment (revoking) of this transfer may occur in accordance to the conditions listed in the nonresident school district's policy.
- I understand that my student must continue to attend the resident school until the effective start date of the transfer and that nonattendance is subject to truancy procedures.
- I understand that I will be responsible for providing transportation to and from school for my student, unless the nonresident district is required to provide transportation for the student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA).
- I understand that requests are approved for one school year only, and it is my responsibility to complete a new form each year.
- I understand that should my student move and no longer be a resident of the district, the transfer expires and I must submit a new request to the new resident school district.
- FERPA Release: I authorize the resident school district to release any and all of my student's educational records to the Choice Coordinator of the nonresident school district. By my signature I acknowledge that although I am not required to release my student's records, I am giving my consent to release the information. This release will remain in effect while my student is enrolled unless I revoke such consent in writing. Note: Information will be provided in written format; no information will be released over the phone.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232(g); 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record.

- **Electronic Signature Agreement.** By selecting the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting the "I Accept" you consent to be legally bound by this Agreement's terms and conditions. ☐ "I Accept" Please enter your name in the space below.

Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)

Date Signed

RESIDENT DISTRICT AGREEMENT TO WAIVE ATTENDANCE

Request for release from the resident school district for the FTE amount stated above, for the school year ending _____ is:

☐ APPROVED ☐ DENIED*

Resident School Superintendent or Designee Signature

Date: _____ District: _____

* Your request has been denied for the following reason:

ACTION BY NON-RESIDENT SCHOOL DISTRICT

Request for admission as a non-resident student, for the FTE amount stated above, for school year ending _____ is:

☐ APPROVED ☐ DENIED*

*Non-Resident School Superintendent or Designee
Signature*

Date: _____ District: _____

* Your request has been denied for the following reason: