



**Dayton School District #8
Interdistrict Transfer Request Form - Release**

Dayton School District
Board Policy : JECB & JECB-AR

Requested School year: _____ - _____

Student Information	
Students Legal Name (Last, First Middle):	Date of Birth: / /
Student's Physical Address:	
Student's Mailing Address:	
Requested District/School:	Entering Grade:

Parent / Guardian Information	
Parent / Guardian Name:	Parent / Guardian Name:
Resides with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resides with student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Phone:	Primary Phone:
Email:	Email:
Physical Address:	Physical Address:

Is the student currently expelled or facing expulsion? Yes No
If yes, what was the reason?

Dayton School District Policy

- Completed transfer forms must be on file for every student.
- Requests are reviewed by the district annually.
- The attending / receiving district will claim the State School Fund monies for the student.

By Signing below, you understand that you assume all responsibility for transportation and this agreement may be revoked at any time for failure to abide by school rules or irregular attendance. You are authorizing the release and exchange of confidential information regarding the student named on this form. You certify that the information provided is true and understand that falsely responding to any of the questions herein will result in denial and/or revocation of this request.

_____	_____	_____
Parent/ Guardian (Print Name)	Parent / Guardian (Signature)	Date

**Granting the request does not guarantee acceptance to another district.*

For Office Use Only:	
<i>Final Action of Dayton School District</i>	<i>Final Action of Requested School District</i>
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Denied: _____	<input type="checkbox"/> Denied: _____
_____	_____
Dayton School District Superintendent Signature	Requested Designee Signature
Date	Date

Family Feedback Questionnaire – Interdistrict Release

Thank you for taking a moment to share your feedback. This optional questionnaire is intended to help Dayton School District better understand family experiences and identify areas where we can improve services and supports for students. Your responses will not impact the interdistrict release process and will be used only for reflection and improvement.

1. **What grade level is your student currently in?**
 Elementary Middle High School
2. **How long has your student attended Dayton School District?**
 Less than 1 year 1–3 years 4+ years

Primary Reason(s) for Release

(Check all that apply)

3. **What are the primary reasons you are requesting an interdistrict release?**
 Academic programming/options
 Class size
 Student support services
 School climate or culture
 Safety concerns
 Social/emotional needs
 Special education services
 Extracurricular or elective opportunities
 Transportation or location
 Family relocation
 Other: _____

Experience & Perception

4. **Overall, how would you rate your experience with the Dayton School District?**
 Very positive Mostly positive Neutral Mostly negative Very negative
5. **What has Dayton School District done well for your student?**
6. **What challenges or concerns most influenced your decision to seek release?**

Retention Insight

7. **Was there anything that could have been done that might have changed your decision to leave the district?**
 Yes No Unsure
If yes, please explain: _____
8. **Did you communicate your concerns to school or district staff prior to requesting release?**
 Yes No
If yes, do you feel your concerns were addressed? Yes No Somewhat

Looking Forward

9. **What factors influenced your decision to choose another district or school?**
10. **Would you consider returning to Dayton School District in the future?**
 Yes No Possibly
If yes or possibly, what would influence that decision?
11. **Is there anything else you would like us to know?**