

**PENINSULA SCHOOL DISTRICT**  
**14015 62<sup>ND</sup> Avenue NW**  
**Gig Harbor, WA 98332**  
**253-530-1007**

**2009-2010**  
**Request for Release—CHOICE**

One form per student

Note: If the FTE of the student will be shared between districts, the CHOICE law does not apply. The sharing of FTE requires an Inter-district Agreement.

New Request     Annual Renewal

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Resident School: \_\_\_\_\_ Currently Enrolled? Y N

School District Requested: \_\_\_\_\_ School/Program Requested: \_\_\_\_\_

Please check all that apply:     Special Ed     504     Discipline Issues     Regular Ed

**BASIS FOR REQUEST OF RELEASE**

A financial, educational, safety, or health condition affecting the student would be reasonably improved as a result of the transfer.

Attendance at the school requested is more accessible to the parent's place of work or childcare.

There is some other special hardship or detrimental condition affecting the student or the student's immediate family that would be alleviated as a result of the transfer.

PLEASE EXPLAIN. USE BACK OF PAGE, IF NECESSARY: \_\_\_\_\_

(Optional) THE FOLLOWING CONDITIONS MAY CAUSE THE RELEASE TO BE TERMINATED, AS AUTHORIZED IN SCHOOL DISTRICT BOARD POLICY. (SPECIFY CONDITIONS HERE)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHOICE AGREEMENT**

Legal Reference: RCW28A.225.220 through 230; WAC 392-1212-182. Under the CHOICE law, the receiving school district effectively becomes the 'resident' school district for all matters related to the education of the student (special education, academic accountability, Core Student Record System, etc).

**CERTIFICATION OF RELEASE FROM:** \_\_\_\_\_

Approved     Denied    (Name of school district)

Student Name: \_\_\_\_\_

Releasing School District Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**CERTIFICATION OF NON-RESIDENT SCHOOL ACCEPTANCE FROM:** \_\_\_\_\_

Approved     Denied    (Name of school district)

Non-Resident, accepting School District Authorized Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM TO ROXANN TALLMAN AT THE ABOVE ADDRESS