REQUEST FOR RELEASE OF RESIDENT STUDENT LEWIS COUNTY SCHOOLS

Adna Boistfort Centralia Chehalis Evaline Morton Mossyrock Napavine Onalaska PeEll Toledo White Pass Winlock

School Contact Information: See Reverse Side

All requests for transfer must originate with the resident district and be renewed annually.

Section 1: (To be completed by applicant)	For School Year:	Age:	Grade:
Student Name:	Birthdate:		M 🔲 F 🗖
Address:	City:	State:	Phone:
Resident District:			
	School Transferring To:resident students for attendance in another school district when one or		
The resident school district may release residen	t students for attendance in a	nother schoo	l district when one or
more of the following criteria are met. Reason			
A financial, educational, safety or health condresult of the transfer.	dition affecting the student wou	ld likely be rea	isonably improved as a
Attendance in the non-resident district is mor childcare.			₽.
A special hardship or detrimental condition e.	xists harmfully affecting the stu	ident or the stu	dent's immediate family.
Reason for transfer request:	C-11 - 1 - 4 - 1	1:	1
The reverse side may be used to explain "yes?"	rollowing questions about the	e applicant's	educational status.
(The reverse side may be used to explain "yes" Yes No Any history of placemen			
Yes No Any past, current, or pen			ystem sanction?
Yes No Any past, current or pen			
Yes No Any history of violent be			io court.
Yes No Any health conditions af		onal needs?	
upon "Criteria for Release of Resident District and Accesschool district. In addition, the nonresident school district year if: attendance would result in the district experience regular attendance is not maintained; student does not follow the rules and regulation it becomes necessary to change the education provided by the applicant is incomparent's fulltime certificated or classified emple nonresident student's presence displaces a residuanvailable. (different rules apply to children of When any of the above reasons occur, the transfer appust be based on completion of a new application. All transfer requests are subject to District requisize, and the educational program ability to serve	ptance of Nonresident District Stu- treserves the right to revoke this to sing a financial hardship; s applicable to all students attending rogram/setting/placement of the strollete or has been misrepresented; syment with the district ends; or ent student or if space in the grade of school district employees) spproval becomes null and void. An irrements including student a	dents" established ransfer at any time and the nonresidents; the level classes or any further consider	ed by the nonresident me throughout the school dent district; programs becomes deration for readmission
Parent/Guardian Printed Name:	Signature:		Date:
	- America - Amer		
 Section 2: (To be completed by district) Approval of Request: Requested transfer Do the requested school year. Denial of Request: Requested transfer DOE Comment: 	S NOT meet the district crite	eria and is de	nied.
Resident School Superintendent			Date
Non-Resident School Superintendent			Date

School Contact Information

Adna	Fax: 360-748-9217	Email:	P.O. Box 118, Adna, WA 98522-0118
		parkerl@adnaschools.org	
BOISFORT	Fax: 360-245-3451	Email:	983 Boistfort Road, Curtis, WA 98538
		sdrevniak@boistfort.k12.wa.us	
CENTRALIA	Fax (360) 330-7604	Email:	P.O. Box 610, Centralia, WA 98531-0610
		nbabka@centralia.wednet.edu	
CHEHALIS	Fax (360) 748-8899	Email:	310 SW 16 th St., Chehalis, WA 98532
	62 20	psoderquist@chehalis.k12.wa.us	79 49
EVALINE	Fax: 360-785-4181	Email:	111 Schoolhouse Road, Winlock, WA 98596
		cbradshaw@evalinesd.k12.wa.us	
MORTON	Fax: 360-586-3208	Email:	P.O. Box 1219, Morton, WA 98356
-		akaech@morton.k12.wa.us	- 25
MOSSYROCK	Fax: 360-983-8111	Email:	P.O. Box 478, Mossyrock, WA 98564-0478
		becklund@mossyrockschools.org	
NAPAVINE	Fax: 360-262-9737	Email:	P.O. Box 840, Napavine, WA 98565
		khylton@napa.k12.wa.us	
ONALASKA	Fax: 360-978-4185	Email:	540 Carlisle Ave, Onalaska, WA 98570
		kahmann@onysd.wednet.edu	
PE ELL	Fax: 360-291-3823	Email:	P.O. Box 368, Pe Ell, WA 98572
		jcastro@peell.k12.wa.us	
TOLEDO	Fax: 360-864-6326	Email:	P.O. Box 469, Toledo, WA 98591
		mkinsman@toledo.k12.wa.us	
WHITE PASS	Fax: 360-497-2560	Email:	P.O. Box 188, Randle, WA 98377
		sgillispie@whitepass.k12.wa.us	
WINLOCK	Fax: 360-785-3583	Email:	311 N.W. Fir Street, Winlock, WA 98596
		ichastaine@winlock.wednet.edu	