Manson School District P.O. Box A Manson, WA 98831 (509) 687-9585 Ext 539

## Interdistrict Agreement Request

Requested District:	School Year: 20	to 20 (one year only)		
Requested School:	Start Date:	(if mid-year release)		
Program: (if applicable)	End Date:			
STUDENT INFORMATION (one form per student)				
Student:     Legal name   First   Middle   Last	Birth Date:	Grade Level: (of release year)		
Parent/Guardian:				
Current or Last School Attended:				
Phone				
Residence Address	Mailing Address (if different from resider			
, WA		, WA		
City Zip	City	Zip		
REASON for REQUEST				
<ul> <li>The student's financial, educational, safety, or health conditions would likely be improved.</li> <li>Attendance in the nonresident district is more accessible to the parent's/guardian's place of work or to the location of child care.</li> <li>There is a special hardship or detrimental condition.</li> <li>The purpose of the release is for enrollment in an online course or school program offered by an OSPI-approved provider.</li> <li>Parent/guardian is an employee with the requested school district.</li> </ul>				
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?		□ Yes □ No		
Has this student been expelled or suspended for more than 10 consecutive days?		🗆 Yes 🛛 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?		🗆 Yes 🗆 No		
Has the student and/or parent had any formal meetings with school officials regarding school attendance issues in the past two years?		□ Yes □ No		
Is this student under a court order to attend school or is a truancy petition in the process of being filed?		🗆 Yes 🛛 No		

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EDUCATIONAL S	ERVICES 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 REQUE	STED (Include course or coursework description, crea	dit, % of the day, etc.)	
	Resident School	Nonresident School	
Grades K-12 Skill Center			
Running Start Please see third	page for important notices, acknowledgements, an		

## NOTICES

- The request is not complete until the resident school district and the nonresident school district have come to agreement.
- 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.
- The resident school district remains 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.) unless otherwise stated in the agreement.

## 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 release may occur in accordance to the conditions listed in the nonresident school district's policy.
- I understand that my student must continue to attend their current school schedule until the effective start date of the agreement or be subject to nonattendance 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 agreement 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.

Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)		Date Signed
Return signed and completed form to:	Manson School District	

Manson School District P.O. Box A Attn: Trista Walters Manson, WA 98831 (509) 687-9585 Ext 539 Or Email: twalters@manson.org