

SCHOOL BOUNDARY WAIVER APPLICATION (PRESCHOOL)

Student Name: _____ Birth Date: _____ Parent(s)/Guardian: _____ Mailing/Street Address: _____ _____ Home Phone: _____ Daytime Phone: _____	Receiving school: _____ Current school/last attended: _____ Current grade: _____ Current School Year _____ (If making request for next school year, please complete the following:) Grade: _____ School Year _____ Effective date: _____
--	---

REASON FOR REQUEST: *(this form will not be processed if left blank)*

STUDENT PERFORMANCE: *(include information regarding student's achievements, past school attendance, and behavior)*

PLEASE COMPLETE THE FOLLOWING:

- The student is living with: Parent(s) Legal Guardian Describe _____
 - Is the student currently passing all classes? Yes No
 - Has the student ever ...
 - Been suspended or expelled from school? Yes No
 - Attended an alternative school? Yes No
 - Been arrested or convicted of a crime; on probation or diversion? Yes No
 - Been court ordered to attend school? Yes No
 - Used, made or sold illegal drugs? Yes No
- If you answered "yes" to any of the above questions, please explain: _____

(Secondary Level Students:)

- Will the student participate in high school or district sponsored extracurricular activities should a transfer be granted?
 Yes No If yes, specify activity (basketball, debate, etc.) _____

Eligibility is determined by rules and regulations of the CHSAA and District rules.

- Has the student recently been served by Special Education (including resource services)? Yes No
- Services received:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Resource room
<input type="checkbox"/> Title I Reading or Math
<input type="checkbox"/> Summer school
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Speech/language (CDS)
<input type="checkbox"/> English as Second Language (ESL)
<input type="checkbox"/> Gifted education | <input type="checkbox"/> Occupational Physical Therapy
<input type="checkbox"/> Tutorial program
<input type="checkbox"/> Counseling |
|--|--|--|
- Does the student use any type of medication? Yes No If yes, what and how often? _____
 - Does the student want to participate in extracurricular activities? Yes No Specify: _____

NOTE: Providing false information or otherwise attempting to circumvent Board Policy will result in denial or termination of any special permit.

Student must be admitted to receiving school before being dropped from sending school subject to execution of, and compliance with, School Boundary Waiver Agreement.

Parent or Guardian Signature _____
Date

Note: Please continue to reverse side of form.

School Boundary Waiver Agreement

TRANSFER ELIGIBILITY (Applies to secondary students):

A student who enrolls in a member school at the beginning of the school year has residential eligibility at that school during that school year, if the student provides the receiving school with an official declaration certifying that:

- The student is transferring voluntarily;
- The student was not contacted and induced to transfer by the receiving school or any agent of the school
- A statement from the receiving school coach(es) that the student was not induced to attend the receiving school by that coach or any member of the coach's staff.

The declaration must be signed by the student, student's parents/guardian, the receiving school athletic director, the student's coach(es), and notarized by an authorized Notary Public. A copy of the notarized material must be filed with the CHSAA Office prior to the student's participation on any team.

I, _____, agree to the following conditions as a prerequisite to enrollment at _____ School. I understand that my failure to meet these conditions will result in my being dropped from this educational institution. By signing this agreement, my parent(s)/guardian/sponsor and I agree to make every possible effort to make a strong commitment to insuring academic success and acceptable school behavior.

1. Transportation to and from the requested school is the responsibility of the parent/guardian and student.
2. This Agreement is subject to sufficient classroom/school space available at the receiving school.
3. Student shall attend all of his or her classes on a daily basis. Absences will be limited to extreme illness and emergency situations and all absences must be cleared through the administrative office. All other absences will constitute a violation of this agreement.
4. Student shall maintain a passing grade in each class. Failing grades will be considered a violation of this agreement.
5. If requested, student shall complete and return weekly progress reports to his or her parent(s)/guardian/sponsor and school administrator.
6. Student shall adhere to all of the identified rules and regulations of the School District that apply to all students in the building.
7. Student understands that his or her involvement in any drug or alcohol-related incidents will constitute immediate revocation of this agreement. Upon such involvement, the student will be dropped and police involvement can be expected.
8. Student understands that fighting, harassment, or instigating fights will be considered a violation of this agreement. Upon such an incident, student will be dropped and police involvement can be expected.
9. Student understands that waivers can be denied/revoked for poor attendance, inappropriate behavior, or academic failure.
10. Student understands that eligibility to participate in extracurricular activities is governed by the CHSAA and the receiving school district.

My signature, as well as that of my parent(s)/guardian/sponsor, hereby serves as a clear understanding on our part that the school district expects an absolute commitment to succeed as a district student. It is understood herewith that failure to meet one or more of these expectations will result in the revocation of student's privilege to remain at the receiving school.

Student Signature

Parent Signature

Date

Building Administrator Signature

<p>For Sending School Use Only: Date: _____</p> <p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>_____ <i>Sending Superintendent's Signature</i></p>	<p>For Receiving School Use Only: Date: _____</p> <p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>_____ <i>Receiving Superintendent's Signature</i></p>
---	---

(over)