

Kent City Community Schools**Non-Resident Enrollment Request**(for all requests other than Kent ISD Collaborative SOC or 105C)
(Resident District Release – **1 Year Release Only**)Request for **2022-2023** School Year

Effective Date of Enrollment _____

Student Information					
Student Name	Gender	Birthdate	Grade Requested	Previous School Attended	School Requested

Parent Information	
Parent Guardian Name:	Daytime phone:
	Email address:
Street:	City/Zip:

Reason for Request	
This request is for release to a non-resident district: <input type="checkbox"/> To continue to complete the current school year in ESTABLISHED district <input type="checkbox"/> To complete senior year in ESTABLISHED high school <input type="checkbox"/> Special program not available at resident district, including an alternative education program - attach documentation <input type="checkbox"/> Other Reason (describe in comments below):	Is the student receiving special education programs or services? <input type="checkbox"/> yes <input type="checkbox"/> no Parent: If yes, attach a copy of the current IEP. Has the student been suspended in the last two years or ever expelled? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, check ✓ the student name above and describe below.
Comments: _____ _____ _____	

The Kent City Community School District does not discriminate on the basis of race, color, disability, religion, gender, or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Non-resident enrollments may be denied to a student who has been suspended or expelled from, or has a history of truancy, at their previous district.

Parent Signature	
As parent/guardian of the above named student(s) I hereby request approval of transfer of the student(s) as indicated below. I understand that: <ul style="list-style-type: none"> a. I release all education records, including medical records, to the receiving district; b. Transportation of the student(s) to the receiving district is my sole responsibility; c. This document represents a commitment between the parent/guardian and the school district of enrollment for one complete school year; and d. Any incomplete, inaccurate, or false statements may invalidate the transfer. 	
Parent / Guardian Signature:	Date:
This Section For District Use Only <div style="text-align: right;"> Approved Denied <input type="checkbox"/> <input type="checkbox"/> </div> _____ Resident District Superintendent Signature (See page 2 to determine if required) Date _____	<div style="text-align: right;"> Approved Denied <input type="checkbox"/> <input type="checkbox"/> </div> _____ Kent City Community School District Superintendent Signature Date _____

District Use Only

Student Name: _____

Request for _____ School Year

Copies to: Accepting District, Resident District, Parent

Only Enrolling District Signature Required*

____ Kent ISD Choice Program

____ Section 105c Schools of Choice – Districts Within
Contiguous Intermediate School Districts

____ Part-Time Public School Pupils (FTE .50 or Less)

____ Nonpublic/Homeschool Pupils (under Sec. 166b)

____ Cooperative Education Program

____ Child of District Employee

____ Alternative Education Pupil Who is
Suspended/Expelled, Pregnant/Parent, Prior Dropout,
or Referred by the Court

____ Pupil Moved Out of District After Start of School Year
(Was Validly Claimed for FTE in Fall Count)

____ Pupil Expelled from Other District

____ Pupil –Official Complaint of Assault

____ Other Section 6(6): _____

*For more extensive Descriptions and Guidelines on Section 6(6) Exempt Categories please see the complete Descriptions provided

Both Enrolling District & Resident District Signature Required**

**If resident district signature is required, enrolling districts are highly encouraged to secure signature prior to acceptance

____ Pupil Moved Out of District After Start of School Year (Without Being Validly Claimed for Fall FTE)

____ Pupil Returning to Complete Senior Year in Established High School

____ Special Program Not Available in Resident District, including an Alternative Education Program (Please Provide Program
Name: _____)

____ Other Reason (Explain: _____)