

Auburn School District No. 408

915 Fourth Street Northeast

Auburn, WA 98002

Telephone: 253-931-4712

Fax: 253-931-4994

REQUEST FOR RELEASE OF ATTENDANCE

This release request is for the _____ school year.

| | | | | | |
|--------------------|------|----------------|------------|---------------------------|-------|
| Last Name | | Middle Initial | First Name | Date of Birth {mo/day/yr} | Grade |
| Street Address | City | | Zip Code | Home Telephone | |
| Boundary School | | | | Work Telephone | |
| District Requested | | | | School Requested | |

REASON FOR REQUEST:

- HAR – Hardship (financial, safety, or health) Please explain: _____
- PRO – Program: _____
- EMP – Employment (parent or student works in the area)
- DAY – Daycare Address: _____
- OTH – Other: _____

RCW 28A.225.220

Is you student currently receiving special education services? Yes _____ No _____

If yes, what types of services? _____

Transportation arrangements will be the responsibility of the parents. The condition of this release must be approved by the receiving school district before agreement becomes effective.

Parent/Guardian Signature _____ Print Name _____ Date _____

FOR AUBURN SCHOOL DISTRICT CENTRAL OFFICE USE ONLY

After examination of the circumstances and facts stated above, the Auburn School District has determined that this transfer request meets the criteria for release of the said student and waives attendance and state apportionment claims for said student, and hereby approves the transfer of attendance for the requested school year.

Executive Director of Student Services _____ Date Approved: _____