



Release Request for Transfer to a Non-Resident District

Please submit completed forms to your resident school.

For questions concerning your resident school, contact Enrollment Services at (253) 571-1142.

Release Process Instructions

Parents

- (1) All requests for interdistrict transfers must be coordinated with both the resident district and the nonresident district where the student wishes to enroll.
- (2) This form must be completed by the parent or guardian of any student, or an emancipated student, before a transfer of that student will be considered.
- (3) All students must be released by the principal/designee of the school where the student is enrolled or would be enrolled.
- (4) Requests for transfer to a nonresident district must be renewed annually.
- (5) Transfer requests for the following school year may be submitted after January 31st. Transfer requests for the current school year may be submitted as needed.
- (6) Release is contingent upon acceptance by the requested nonresident district.

Note: Students qualifying for IEP services (special education) must ALSO be released by the Director of Student Support Services (see below).

Parent Enrollment Exit Questionnaire

Questions only apply to families whose child(ren) attend Tacoma School District.

The purpose of this survey is to gain knowledge of parent perceptions about our schools and district. We are constantly evaluating our consumer services and educational programs. Your opinions are important and are collected for the sole purpose of improving our programs.

1. What initially attracted you to your current school of attendance?

2. What aspects of the Tacoma School District's educational programs met or exceeded your expectations?

3. What aspects of the Tacoma School District's educational programs failed to meet your expectations?

4. What factors/problems caused you to enroll your child in another school district?

5. What factors or conditions could we improve which might cause you to reconsider enrollment in the Tacoma School District?

6. Are there any other comments you would care to make about our school district?



Release Request for Transfer to a Non-Resident District

Please submit completed forms to your resident school.

For questions concerning your resident school, contact Enrollment Services at (253) 571-1142.

Circle the number representing your reason(s) for this release request for transfer.

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Accessibility to work or child care 2. Financial/health/safety conditions 3. Family/home conditions 4. Hardship/detrimental conditions | <ol style="list-style-type: none"> 5. Educational basics: <ol style="list-style-type: none"> a. Continuity b. Conditions likely to be improved c. Program not offered at Tacoma School District.
Please describe: _____ |
|--|--|

Please complete the following information:

(Separate forms must be completed for each student)

Student Name: _____ Gender: ____ Birth Date: _____ Grade: ____ Ethnicity: _____ Phone: _____ Address: _____ City/Zip: _____ Email: _____ <i>(Optional: for sending/receiving of copy)</i> Parent/Guardian: _____ <i>(Print Name)</i> Parent/Guardian Signature: _____	Tacoma SD Student No. _____ Tacoma Resident School: _____ Requested School: _____ Requested School District: _____ Current School: _____ Current District: _____ <input type="checkbox"/> New resident <input type="checkbox"/> New request <input type="checkbox"/> Renewal Does your child receive Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Name of Child Care Provider _____ Phone _____

RELEASING PRINCIPAL
<p>BEFORE YOU SIGN: Check if child is a Tacoma SD resident and review the form for completion (both boxes have to be completed). Once you've signed the form, please make a copy for your files and another copy to send to Enrollment Services.</p> <p>This section is to be completed by The Tacoma School District principal from which the transfer is being requested. The above named student will be withdrawn from _____ as of _____ Date _____</p> <p>Principal Signature _____ Date _____</p>

SPECIAL EDUCATION
<p>This section to be completed by the Director of Student Support Services or designee (if applicable).</p> <p>_____ Will release under "choice" criteria (per reasons noted above). Tacoma Public Schools does not assume financial responsibility for the student's special education costs or services for the duration of this release.</p> <p>_____ It shall be the responsibility of the parent/guardian to provide all transportation to and from school.</p> <p>Director/Designee Signature _____ Date _____</p>