



# Non-Resident Enrollment Request

(For all requests other than Ionia ISD Collaborative Schools of Choice or 105c)  
{1 Year Release Only}

Request for \_\_\_\_\_ School Year \_\_\_\_\_ Resident District \_\_\_\_\_ 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

<p><b>This request is for release to a nonresident district:</b></p> <p><input type="checkbox"/> To continue to complete the <b>current school year</b> in ESTABLISHED district</p> <p><input type="checkbox"/> To complete <b>senior year</b> in ESTABLISHED high school</p> <p><input type="checkbox"/> Parent/guardian is an employee of the requested district</p> <p><input type="checkbox"/> Special program is not available at resident district - attach documentation</p> <p>Alternative Education Program</p> <p><input type="checkbox"/> Other (describe in comments below):</p> <p><b>Comments:</b></p>	<p><b>Is the student receiving special education programs or services?</b></p> <p><input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>Parent: If yes, attach a copy of the current IEP.</p> <p><b>Has the student been expelled or suspended in the last two years?</b></p> <p><input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>If yes, check ✓ the student name above and describe below.</p>
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The Ionia County Intermediate School District and constituent local districts do 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:

- I release all education records, including medical records, to the receiving district;
- Transportation of the student(s) to the receiving district is my sole responsibility;**
- This document represents a commitment between the parent/guardian and the school district of enrollment for **one complete school year;** and
- Any incomplete, inaccurate, or false statements may invalidate the transfer.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Denied

Releasing District Superintendent Signature	<input type="checkbox"/> <input type="checkbox"/>	Date
Enrolling District Superintendent's Signature	<input type="checkbox"/> <input type="checkbox"/>	Date

**Note:** Superintendent decisions on release and/or enrollment are final and discretionary with no appeal process.