



Sumner School District
...a great place to learn!

APPLICATION FOR RELEASE OF ATTENDANCE

1202 Wood Ave. Sumner, WA 98390
253-891-6052 Fax 253-891-6092

Today's Date: _____ Requested School Yr. ____/____ Renewal New Request

Please Print (A separate form must be completed for each student) Student Name _____

Parent Name _____ Requested District _____

Street Address _____ Resident School _____

City, St, Zip _____ Grade in requested school year _____

Home Phone (____) _____ Work Phone (____) _____ Alternate Phone (____) _____

Mailing Address (If different than street address) _____ City _____ Zip _____

District your child is currently attending _____ Current Grade _____

Reason for requesting transfer: Parent's Workplace _____ Educational _____ Childcare _____ Other _____

Comments _____

Does your child receive any Special Education assistance or is he/she in any special program, including the gifted program? ____ Yes ____ No If yes, what type of service/program _____

I understand that my signature below indicates that I have read and understand the following conditions: I am responsible for providing transportation for my child/children at no cost to the Sumner School District. Release of Attendance is only in effect for the requested school year. The above information is accurate and current. This release will be effective upon approval by the receiving school district. **This request does not assure acceptance by the receiving district. Sumner School District will not be liable for Special Education costs, nor other reimbursements or awarding of diploma.**

Parent/Guardian: _____ Date: _____
(Signature) (Please Print Name)

Return completed form to Sumner School District, 1202 Wood Avenue, Sumner, WA 98390. The Sumner School District will examine the information provided above in order to determine if this transfer request meets the criteria for release of a student as specified in Board Policy No. 3141 for transfer of attendance.

(Central Office Use Only)

After examination of the circumstances and facts stated above, the Sumner School District has determined that this transfer request meets the criteria for release of a student, and hereby approves the transfer of attendance for the requested school year.

Approved District Administrator _____ Date _____

C: Parent, Resident School and Requested District

Equal Opportunity

The Sumner School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, gender, or disability in education programs, services and activities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 officer and/or Section 504 / ADA coordinator, in writing at 1202 Wood Avenue, Sumner, or by telephone 253.891.6000.

**Request For Release of Attendance
Application**

Building Administrator and/or Counselor Comments
(Resident School recommendation)

Withdrawal

Date _____ Fines _____

Counselor Comments:

Signed: _____
(Counselor)

Date: _____

Administrator Comments:

Signed: _____
(Resident Building Administrator)

Date: _____