

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
OUT-OF-AREA ATTENDANCE REQUEST

I. TO BE COMPLETED BY PARENT:

STUDENT NAME _____ GRADE _____

ADDRESS _____
Box/Street Address City Zip Code Phone

PLEASE DESCRIBE EXACTLY WHERE YOU LIVE IF NOT SPECIFIED IN YOUR ADDRESS:

IN WHICH BUS SERVICE AREA DO YOU LIVE? _____

WHY DO YOU MAKE THIS REQUEST? BE SPECIFIC. _____

Please **initial** each line to indicate your understanding.

_____ I understand that attendance priority at each school is assigned first to those students living within the school's attendance area.

_____ I understand that attendance at an "out-of-area" school is dependent upon the availability of space. The following criteria shall determine space available at schools:

- (a) Grades K: No out-of-area transfers will be permitted when enrollment per grade reaches 20 students per class.
- (b) Grades 1-3: No out-of-area transfers will be permitted when enrollment per grade reaches 22 students per class.
- (c) Grades 4-6: No out-of-area transfers will be permitted when enrollment per grade reaches 24 students per class.
- (d) Grades 6-8: No out-of-area transfers will be permitted when enrollment per grade reaches 24 students per class.

_____ I understand that when space utilization at a facility exceeds the 90% capacity range, as established by DEED guidelines, that school's attendance boundaries will be strictly enforced. In addition, all out-of-area attendance students in schools at 90% capacity must request admittance on an annual basis.

_____ I understand that parents accept responsibility for transporting transfer students to and from school in a timely manner.

_____ I understand that transfer requests require the approval of both sending and receiving principals.

_____ I understand that I must arrange for their children to attend the school within the attendance area where they live, until the out-of-area request is approved.

The building Principal, at the receiving school will develop a priority list of students requesting transfers based on the date the request is received and will inform parents of their transfer request status, based on available space not later than ten (10) days following the opening of school.

PARENT SIGNATURE DATE

HOME PHONE WORK PHONE

II. TO BE COMPLETED BY PRINCIPAL AT THE ASSIGNED SCHOOL

- a. Request Approved
- Re-check after 10 day enrollment period (see comments)
- Request Rejected (see comments)

b. Comments: _____

c. Forward to _____ School Date: _____

d. Signed: _____ Date: _____
Principal

III. TO BE COMPLETED BY PRINCIPAL AT THE REQUESTED SCHOOL

- Request Approved
- Re-check after 10 day enrollment period (see comments)
- Request Rejected (see comments)

b. Comments: _____

c. Parents Notified _____ Letter Phone
Date

d. Signed: _____ Date: _____
Principal

The original of this form shall be placed in the student folder and copies provided to the parent and assigned school Principal.