

Release of Attendance for 2008-2009



Enrollment Services
601 South 8th Street, Room 311
Tacoma, WA 98406

Phone 253.571.1142 • Fax 253.571.1366

(Separate forms must be completed for each student requesting release of attendance)

WAC 392-137-135, WAC 392-137-140 and Tacoma School District Policy 3140 —

- | | |
|--|--|
| 1. Accessibility to work or child care | 5. Educational basics: |
| 2. Financial/health/safety conditions | A. Continuity |
| 3. Family/home conditions | B. Conditions likely to be reasonably improved |
| 4. Hardship/detrimental conditions | C. Program not offered in Tacoma School District |

PLEASE PRINT LEGIBLY ALL REQUESTED INFORMATION

1. Student _____ Date of birth _____ Grade in 2008-2009 _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. Parent/guardian _____ Email address _____

3. Day telephone (_____) _____ Home telephone (_____) _____

4. Student's address _____ Apt. # _____ City _____ Zip _____

5. This is a: new request renewal Does your child currently receive Special Education? Yes No

6. Resident school in Tacoma _____

7. School attended in 2007-2008 _____ School district in 2007-2008 _____

8. Requested school _____ Requested school district _____

9. Reason for request _____

10. If request is for child care, give name, address and phone number of child care provider: _____

12. **Please read and initial**—I understand that approval of this request for Release of Attendance is based on the following:

- a) Release is for the **2008-2009** school year only;
- b) Tacoma School District will not be liable for Special Education costs; and
- c) I am responsible for providing transportation for my child at no cost to the Tacoma School District.

Initials _____

13. Parent/guardian's signature _____ Date _____
(or student if age 18 or older)

(Do not write below this line)

- | | | | |
|--|------------------|--|--|
| <input type="checkbox"/> APPROVED | Criteria: | <input type="checkbox"/> Accessibility to work or child care | <input type="checkbox"/> Educational continuity |
| <input type="checkbox"/> DENIED | | <input type="checkbox"/> Financial/health/safety conditions | <input type="checkbox"/> Educational conditions likely to be improved |
| | | <input type="checkbox"/> Family/home conditions | <input type="checkbox"/> Program not offered in Tacoma School District |
| | | <input type="checkbox"/> Hardship/detrimental conditions | |

Director/designee, Enrollment Services _____ Date _____