



d) Loss of accreditation or revocation of a private or charter school \_\_\_\_\_

19. Is the application being filed due to pervasive harassment or severe health? Circle one: Yes or No  
If yes, briefly describe events occurring after March 1 and provide the name of a district employee familiar with the student on a separate sheet.

20. Will you request transportation assistance? Circle one: Yes or No  
If yes, attach proof of income and number in household to the application sent to the resident district.

**I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*CAUTION: Knowingly providing false information on this form will invalidate the application.\***

**Receiving District**

The receiving district has the authority to take action on all applications (before or after March 1) except:

- a) Those **alleging harassment** or **severe health need condition** that cannot be accommodated in resident district.
  - b) Resident district has a **diversity plan**.
- In these cases the resident district must act first.**

Date application was received: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date Signature of Superintendent

Denied \_\_\_\_\_  
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Request was not filed by March 1 and does not meet good cause.
- \_\_\_\_\_ Insufficient classroom space
- \_\_\_\_\_ Student under suspension or expulsion
- \_\_\_\_\_ Appropriate special education program is not available.

**Resident District**

Resident district is taking action on this application because of the following:

- \_\_\_\_\_ Resident district has a diversity plan on file with Department of Education.
- \_\_\_\_\_ Student alleges pervasive harassment that began or escalated after March 1.
- \_\_\_\_\_ Student has a severe health condition that began or escalated after March 1.
- \_\_\_\_\_ Application filed late with no good cause.

Date application was received: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date Signature of Superintendent

Denied: \_\_\_\_\_  
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Does not meet diversity plan criteria
- \_\_\_\_\_ Does not meet criteria for pervasive harassment
- \_\_\_\_\_ Does not meet criteria for severe health condition
- \_\_\_\_\_ Application filed late.