



**Grand Rapids Public School District
Non-Resident Enrollment Request**
(For all requests other than Kent ISD Collaborative SOC or 105C)
(ONLY VALID FOR ONE (1) SCHOOL YEAR)

Effective Date of Enrollment _____

Request for _____ School year

Student Information

Student Name	Gender	Birthdate	Grade Requested	Previous School Attended	School Requested

Parent Information

Parent/Guardian Name:	Daytime phone:
Street:	Email address:
	City/Zip:

Reason for Request

<p>This request is for release to a non-resident district:</p> <input type="checkbox"/> To continue to complete the current school year in ESTABLISHED district. <input type="checkbox"/> To complete senior year in ESTABLISHED high school. <input type="checkbox"/> Special program not available in resident district, including an alternative education program (Program Name/attach Documentation) <input type="checkbox"/> Other Reason (describe in comments below):	<p>Is the student receiving special education programs or services? Parent: If yes, attach a copy of the current IEP.</p> <p align="right"><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Has the student been suspended in the last two years or ever expelled? If yes, check <input checked="" type="checkbox"/> the student's name above and describe below.</p> <p align="right"><input type="checkbox"/> yes <input type="checkbox"/> no</p>
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Comments:

The **Grand Rapid Public School District** does 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: _____

<p align="center">DISTRICT USE ONLY</p> <p align="center">Section 6 Release - Only GRPS signature required.</p> <p>___ Kent ISD Choice Program</p> <p>___ Section 105c Schools of Choice, Districts within Contiguous Intermediate School Districts</p> <p>___ Cooperative Education Program</p> <p>___ Child of District Employee</p> <p>___ Part-Time Public-School Pupils (FTE .50 or less)</p> <p>___ Nonpublic/Homeschool Pupils (under Sec. 166b)</p> <p>___ Pupil Expelled from Other District</p> <p>___ Pupil -Official Complaint of Assault</p> <p>___ Alternative Education Pupil (Suspended/Expelled, Pregnant/Parent, Prior Dropout, or Court Referred).</p> <p>___ Pupil Moved Out of District After start of school year (Was validly claimed for FTE in Fall Count)</p> <p>___ Other Section 6(6): _____</p> <p align="center"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied </p> <p>_____ Grand Rapids Public Schools District Superintendent</p>	<p align="center">DISTRICT USE ONLY</p> <p align="center">GRPS & Resident District approval required.</p> <table border="0"> <tr> <td></td> <td align="right">Approved</td> <td align="right">Denied</td> </tr> <tr> <td>_____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Resident District Superintendent Signature</td> </tr> <tr> <td>_____</td> <td colspan="2"></td> </tr> <tr> <td>Date</td> <td align="right">Approved</td> <td align="right">Denied</td> </tr> <tr> <td>_____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Grand Rapids Public Schools District Superintendent</td> </tr> <tr> <td>_____</td> <td colspan="2"></td> </tr> <tr> <td>Date</td> <td colspan="2"></td> </tr> </table>		Approved	Denied	_____	<input type="checkbox"/>	<input type="checkbox"/>	Resident District Superintendent Signature			_____			Date	Approved	Denied	_____	<input type="checkbox"/>	<input type="checkbox"/>	Grand Rapids Public Schools District Superintendent			_____			Date		
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MUST APPLY THROUGH APPROPRIATE SCHOOLS OF CHOICE PROGRAM IN THE
SPRING FOR ENROLLMENT BEYOND CURRENT SCHOOL YEAR