

ROSE HILL SCHOOLS
Unified School District 394
OUT OF DISTRICT WAIVER

*Application must be submitted and approved each school year.
This waiver is for the _____ school year.*

Student's Name _____ Home Phone _____
Parent/Guardian Name(s) _____ Work Phone _____
Street Address _____ City/Zip _____
Current School _____ Resident District _____
Student grade level during the requested school year _____

REASON FOR REQUEST
(Please print or type)

Rose Hill Schools USD 394 requests permission to contact the current or past school(s) where the student has attended. Information regarding the student will need to be shared with a representative of USD 394 in order to determine acceptance or non-acceptance of this request. All shared information will be kept confidential. Such information may include, but may not be limited to academic achievement and effort, discipline records/office referrals, suspensions/expulsions, attendance, administrative feedback, and teacher input.

_____ YES **I give permission** for information to be shared with USD 394 concerning my child's educational and behavioral background.

Refusing USD 394's request for educational and behavioral information will result in non-approval of this waiver.

**** Rose Hill Schools USD 394 is not responsible for the transportation of Out of District students ****

Approval is contingent upon appropriate attendance, behavior, academic achievement, and parent/guardian support. Applicants who disagree with USD 394's decision may appeal, in writing, to the Board of Education within 10 days of notification.

Parent/Guardian Signature

Date

Principal's Signature

_____ APPROVED _____ NOT APPROVED

Superintendent's Signature

_____ APPROVED _____ NOT APPROVED