

Non-Resident Student: Annual Request for Release from Yakima School District
_____ **School Year**

Student's Full Name: _____ Grade: _____ Phone: _____

Student's Address/City/Zip: _____

DOB: _____ Name of school district student will attend: _____

The above named student is withdrawing from a Yakima school: Yes No If yes, please name the school: _____

Ethnic Category (circle one)

A-ASIAN I-AMERICAN INDIAN B-BLACK H-HISPANIC W-WHITE

Reason for Request for Release (please check one): Financial Educational Safety

Health Location of Parents' Workplace Location of Childcare Detrimental

Continuation at Present School Other (please explain) _____

Agreement:

This release is to be presented to the administrative office of the school district in which the above named student wishes to enroll. Remember that this release must be renewed annually; remember also:

- **The responsibility for transporting the above named student resides with his/her parent(s)/guardian(s) and not with the school district.**
- **Yakima School District No. 7 will not assume financial responsibility for excess costs which may occur due to the provision of special education services in the district to which the above named student has been released.**

Signature of Parent(s)/Guardian(s)/Student if over 18

Print Parent(s)/Guardian(s) Name

Date

Yakima School District Approval

Superintendent or Designee

Director of Special Education (if applicable)

Date