

## KENAI PENINSULA BOROUGH SCHOOL DISTRICT

### OUT-OF-AREA ATTENDANCE REQUEST

#### I. TO BE COMPLETED BY PARENT:

|                                         |                |             |
|-----------------------------------------|----------------|-------------|
| Student Name:                           | Grade:         | Student ID: |
| Physical Address (Street Address, City: |                |             |
| Parent Name:                            | Contact Phone: |             |

If the residential location is not clearly identified by the address, provide a detailed description of the residence location:

Designated Home Attendance Area School: \_\_\_\_\_

Requested Out-of-Area School: \_\_\_\_\_

Provide a detailed explanation of the reason for this request, including specific information supporting the request:

Initial each statement below to indicate your understanding:

| Initial | Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | I understand that parents accept responsibility for transporting students to and from the requested school in a timely manner.                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | I understand that special education transportation is not provided when choosing to attend a school outside of my attendance area.                                                                                                                                                                                                                                                                                                                                                                                                                     |
|         | I understand that attendance priority at each school is assigned first to those students living within the school's attendance area.                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         | <p>I understand that attendance at an "out-of-area" school is dependent upon the availability of space. The following criteria shall determine space available at schools:</p> <p>Out-of-area transfers will close once total class enrollment reaches:</p> <p><b>Grade K: 20 students; Grades 1–3: 22 students; Grades 4–8: 24 students</b></p> <p><b>Grades K-12 Special Education Programs:</b> Director of Support Services must verify if the requested school can support the request based on the services on the IEP and program capacity.</p> |
|         | I understand that when space utilization at a school exceeds the 90% capacity range, as established by DEED guidelines, that school's attendance boundaries will be strictly enforced and out-of-area students enrolled must complete a new request each school year.                                                                                                                                                                                                                                                                                  |
|         | I understand that transfer requests require the approval of both assigned and requested principals.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | I understand that I must arrange for my child(ren) to attend the school within the attendance area where they live, until the out-of-area request is approved.                                                                                                                                                                                                                                                                                                                                                                                         |

*The building principal at the requested school will develop a priority list of students requesting transfers based on the date the request is received and will inform parents of their transfer request status, based on available space, not later than ten (10) days following the opening of school.*

|                   |       |
|-------------------|-------|
| PARENT SIGNATURE: | DATE: |
|-------------------|-------|

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT**  
**OUT-OF-AREA ATTENDANCE REQUEST**  
**ADMINISTRATOR APPROVAL/DENIAL**

**PROCESS:**

The Out-of-Area Attendance Request form is completed by the parent and reviewed by the assigned school principal first. The assigned school principal will forward to the requested school.

**II. TO BE COMPLETED BY PRINCIPAL AT THE ASSIGNED SCHOOL**

|                                                                                                                                                                                                            |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>School Name:</b>                                                                                                                                                                                        | <b>Principal Name:</b> |
| <b>Decision:</b><br><input type="checkbox"/> Request approved<br><input type="checkbox"/> Re-check after 10 day enrollment period (see comments)<br><input type="checkbox"/> Request denied (see comments) |                        |
| <b>Comments:</b>                                                                                                                                                                                           |                        |
| <b>Forward to Requested School Principal at:</b> <span style="float: right;"><b>Date:</b></span>                                                                                                           |                        |
| <b>Principal of Assigned School Signature:</b>                                                                                                                                                             |                        |

**III. TO BE COMPLETED BY PRINCIPAL AT THE REQUESTED SCHOOL**

|                                                                                                                                                                                                                            |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>School Name:</b>                                                                                                                                                                                                        | <b>Principal Name:</b> |
| <b>Decision:</b><br><input type="checkbox"/> Request approved<br><input type="checkbox"/> Re-check after 10 day enrollment period (see comments)<br><input type="checkbox"/> Request denied (see comments)                 |                        |
| <b>Comments:</b>                                                                                                                                                                                                           |                        |
| <b>Principal of Requested School Signature:</b> <span style="float: right;"><b>Date:</b></span>                                                                                                                            |                        |
| <b>Parent Notification Date:</b> <span style="margin-left: 50px;"><b>Parent Notification Method:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email/Messaging App <input type="checkbox"/> In Person</span> |                        |

**PROCESS:**

Completed form shall be uploaded to PowerSchool as an attachment, a copy provided to the parent, and forwarded to Natalie Bates, Administrative Assistant to the Assistant Superintendent.