



# Mount Vernon School District Non- Resident Application

* Please upload transcript or report card	*Please upload previous school discipline record
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*REASON for REQUEST (choose one option only)	
<input type="checkbox"/> Student's residence has changed	<input type="checkbox"/> Attendance in the nonresident district is more accessible to the parent/guardian's residence
<input type="checkbox"/> Student's financial condition would likely be improved	<input type="checkbox"/> There is a special hardship or detrimental condition impacting the student or family
<input type="checkbox"/> Student's educational condition would likely be improved	<input type="checkbox"/> To enroll in an alternative school/program
<input type="checkbox"/> Student's safety concerns would likely be improved	<input type="checkbox"/> Parent/guardian is an employee of the requested school
<input type="checkbox"/> Student's health condition would likely be improved	<input type="checkbox"/> To enroll in a school with academic options not offered in this district
<input type="checkbox"/> Attendance in the nonresident district is more accessible to the parent/guardian's place of work	<input type="checkbox"/> To enroll in a school with extracurricular options not offered in this district
<input type="checkbox"/> Attendance in the nonresident district is more accessible to childcare	
<input type="checkbox"/> To enroll in an online school/program	

<p>* Are there any life-threatening health-related issues?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>*Student's sibling(s) currently on a non-resident waiver to a Mount Vernon School District School?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><input type="checkbox"/> <b>*Terms of Service: I understand that if the request is approved:</b></p> <ul style="list-style-type: none"> <li>• I will be responsible for providing transportation to and from school for my student, unless the nonresident district is required to provide transportation for the student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA).</li> <li>• I understand that requests are approved for one school year only, and it is my responsibility to complete a Washington State Choice Transfer Request.</li> <li>• I understand that should my student move and no longer be a resident of the district, the transfer expires and I must submit a new request to the new resident school district.</li> <li>• We understand that a lack of academic effort, poor attendance, tardiness, or discipline and behavior may provide just cause for the district to rescind this request and return my student to their resident district.</li> <li>• We understand that the choice transfer will be rescinded when the transfer results in the district experiencing significant financial hardship ('financial hardship' does not include routine programmatic costs associated with servicing additional disabled and non-disabled students).</li> </ul>
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<hr/> <i>Signature of parent/guardian (Student may sign if 18 years or older at the time of this request)</i>	<hr/> <i>Date Signed</i>
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Return signed and completed form to:

*Mount Vernon School District*

*124 E Lawrence St, Mount Vernon, WA 98273*

*360-428-6110 Fax 360-428-6172*

*Email: [ahoxie@mvsd320.org](mailto:ahoxie@mvsd320.org)*