

Grand Rapids Public School District Non-Resident Enrollment Request (For all requests other than Kent ISD Collaborative SOC or 105C)

Request for School Year				Effective Date of Enrollment				
Student Information								
Gender	Birthdate	Birthdate Gra		Previous School Attended	School	Requested		
Parent Information								
Parent Guardian Name:					Daytime phone:			
				Email address:				
Street:				City/Zip:				
Reason for Request								
☐ To continue to complete the current school year in Parent GRPS district.				. If yes, attach a copy of the cui		□no		
☐ To complete senior year in a GRPS high school.					j			
□ Other Reason (describe in comments below):				yes no				
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.								
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:								
 a. I release all education records, including medical records, to the receiving district. b. Transportation of the student(s) to the receiving district is my sole responsibility. c. This document represents a commitment between the parent/guardian and the school district of enrollment for one complete school year: and d. Any incomplete, inaccurate, or false statements may invalidate the transfer. 								
Parent/Guardian Signature: Date:								
DISTRICT USE ONLY Section 6 Release - Only GRPS signature required Kent ISD Choice Program Section 105c Schools of Choice, Districts within Contiguous Intermedi					nt District approval		Denied	
School Districts Cooperative Education Program								
Child of GRPS Employee				Resident District Superintenden	t Signature			
Part-Time Public-School Pupils (FTE .50 or less) Nonpublic/Homeschool Pupils (under Sec. 166b)				 Date				
Pupil Expelled from Other District Pupil –Official Complaint of Assault				Date		Approved	Denied	
Alternative Education Pupil (Suspended/Expelled, Pregnant/Parent, Prior Dropout, or Court Referred).							[
Pupil Moved Out of GRPS After Fall count day, completing current				Crand Danida Dublia Cabacia Di	etriet Cuperintend		•	
school year Approved Denied				Granu Kapius Public Schools Di	sinci Superintenden	l		
Grand Rapids Public Schools District Superintendent								
	Gender a non-reside current sche GRPS high eat residen ram - attach mments be District doe mit enrollmedings or proper their previous their previous target of their previous to the complete of the complet	Gender Birthdate a non-resident district: current school year in GRPS high school. e at resident district, incluram - attach documentation mit enrollment based on codings or programs. Non-resident district. District does not discriming the enrollment based on codings or programs. Non-resident heir previous district. Inamed student(s) I hereby ecords, including medical student(s) to the receiving attachment between the enrollment	Rease a non-resident district: current school year in GRPS high school. e at resident district, including ram - attach documentation mments below): District does not discriminate on mit enrollment based on capacity of dings or programs. Non-resident eat their previous district. Panamed student(s) I hereby request ecords, including medical records student(s) to the receiving districts a commitment between the panamete, or false statements may in the continuation of the continuatio	Reason for a non-resident district: Current school year in GRPS high school. A at resident district, including aram - attach documentation mments below): District does not discriminate on the base mit enrollment based on capacity of buildings or programs. Non-resident enrollment their previous district. Parent Signamed student(s) I hereby request approve ecords, including medical records, to the student(s) to the receiving district is mates a commitment between the parent/gual urate, or false statements may invalidate. TUSE ONLY ally GRPS signature required Districts within Contiguous Intermediate FTE .50 or less) and contiguous Intermediate	Student Information Gender Birthdate Grade Requested Previous School Attended Request School Parents Information Previous Attended Previous School Previous Attended Previous Atten	Student Information Gender Birthdate Requested Requested Previous School Attended School Requested Requested Requested Requested Previous School Attended School Requested Reguested Replace Reading Reguest Reading Reguest Reading Reguest Reading Reguest Reading Reguest Regu	Student Information Gender Birthdate Grade Requested Previous School Attended School Requested Requested Requested Previous School Attended School Requested Requested Requested Requested Previous School Attended School Requested Requested Requested Requested Requested Representation Programs of Previous School Requested Reason for Request Information Basic Reason for Request Reason for Request Parent: If yes, attach a copy of the current IEP	