

**TRANSFER STUDENT  
CONSENT TO CANCELLATION OF TRANSFER  
ATTACHMENT "B"**

**The undersigned, who is not a resident of this School District, recognizes:**

1. That the undersigned student has a right by law to attend the school district of residence:
2. That the non-resident student desiring to enroll in this school district has no statutory right to attend this District;
3. That the District is not required to accept this transfer application, and,
4. That the District does not desire to accept a transfer of a student who will detract from the educational process of resident students or take the place of another transfer applicant who would not detract from that process.

The undersigned hereby agrees that if the District approves a transfer allowing the undersigned student to enroll in this School District, the administration of the District has the consent of the undersigned to cancel the transfer during the approved enrollment school year if:

1. The student fails to comply with student behavior rules set by the District, school, or teacher;
2. The parent or student 19 years of age or older fails to promptly pay financial obligations owed to the District, including payments owed, but not limited to, school lunches and for lost or destroyed school property; or,
3. The student does not have a valid excuse for failure to attend school.

The undersigned also is informed that this consent to cancellation is a necessary component for continued enrollment after transfer acceptance, and thus the consent may not be withdrawn at any time in the future.

The undersigned also understands that although the administration will notify the parent or student 18 years of age or older of any cancellation, the undersigned understands and agrees that the determination of the administration that a cancellation is to be effected will be final, that the undersigned will have no right to appeal that determination to the board of education, and that after cancellation the administration will send the educational records of the student to the student's resident school district or to such other school district as the undersigned directs.

By signing this agreement I affirm that I have read and understand the above conditions concerning acceptance of the transfer application and my consent to district authority to cancel the transfer if granted, for the reasons stated above.

Signed this  day of , .

\_\_\_\_\_  
Signature of parent applying for a transfer

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Student 19 years of Age or Older

\_\_\_\_\_  
Printed Name of Student