

18. Request for transportation assistance. Yes _____ No _____
(If yes, attach proof of income to application and number in household.)

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

Signature of Parent or Guardian

Date

CAUTION: Knowingly providing false information on this form will invalidate the application.

Receiving District

The receiving district has the authority to take action on all applications (before or after March 1) except:

- a) Those alleging harassment or severe health need condition that cannot be accommodated in resident district.
- b) **Resident** district had a diversity plan. (Davenport, Des Moines, Postville, Waterloo, West Liberty)

Date application was received: _____

Approved: _____
Date Signature of Superintendent

Denied _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Request was not filed by March 1 and does not meet good cause.
- _____ Insufficient classroom space
- _____ Student under suspension or expulsion
- _____ Appropriate special education program is not available.

Resident District

Resident district is taking action on this application because of the following:

- _____ Resident district has a diversity plan on file with Department of Education.
- _____ Student alleges pervasive harassment that began or escalated after March 1.
- _____ Student has a severe health condition that began or escalated after March 1.

Date application was received: _____

Approved: _____
Date Signature of Superintendent

Denied: _____
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- _____ Does not meet diversity plan criteria
- _____ Does not meet criteria for pervasive harassment
- _____ Does not meet criteria for severe health condition