

ADMINISTRATIVE REGULATION

APPROVED: September 13, 2016

REVISED:

CENTENNIAL SCHOOL DISTRICT

144-AR-0. PARENTAL NOTIFICATION LETTER FOR VICTIM OF VIOLENT CRIME

Name/Title: _____ Date: _____

School: _____

Street Address: _____

City/State: _____ ZIP Code: _____

Dear Parent/Guardian:

The purpose of this correspondence is to inform you that as a parent/guardian of a student who has been a victim of a violent criminal offense, you have the right to request a transfer to another school within our District, including a public charter school.

Federal law requires that all parents/guardians of students in this school be offered an opportunity to transfer their children to another eligible District school or charter. You have the right to request that your child be transferred to a safe public school, but your child is not required to transfer to another school. If you elect to request a transfer, such transfers would take effect on _____.
(Date)

The following schools are available to accept transfers:

Other District schools may not appear on this list because either they also have been identified as persistently dangerous, or the Superintendent has determined that all transfer requests can be accomplished among the above schools.

If you decide you want to transfer your child, please submit choice of schools on the enclosed form by _____ to the _____. It cannot be guaranteed
(Date) (Principal of the Student's School)

that your first choice will be available, but your preferences will be considered. The sooner you return the form, the sooner a transfer can occur.

Sincerely,

Principal: _____

School: _____

Address: _____

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144-AR-1. PARENTAL REQUEST FOR TRANSFER FOR VICTIM OF VIOLENT CRIME

Instructions: To request a transfer for your child out of a school due to your child being a victim of a violent criminal offense, please complete the following form and return it by _____ to the _____
Date

_____. You will be notified by _____ regarding your child's
Principal of Student's School Date

school assignment and your options if you decide to decline the school assignment at that time. The sooner you return the form, the sooner a transfer can occur.

Child's Name: _____

Parent's/Guardian's Name: _____

School Child Currently Attends: _____

To decline the transfer, complete this portion and return the form to the District office.

I, _____, decline to transfer my child.
(Parent/Guardian Name)

(Signature of Parent/Guardian) (Date)

(Print Name)

To accept the transfer, complete this portion and return the form to the District office.

I select to have my child transferred. Please schedule a meeting with the appropriate district administrator to discuss the options available for the transfer. I can be contacted at _____.
(Telephone Number)

(Signature of Parent/Guardian) (Date)

(Print Name)