

Subject: Admission and Withdrawal: District Notification Policy

Effective Date: June 06, 2008

Approved By: Board of Directors

Policy: Julian Charter School shall notify the district of prior enrollment when a new student enrolls in the charter. This notification shall include a request for the student's cumulative record. When appropriate, the special education department also sends a separate form to the district of prior enrollment.

It is the policy that Julian Charter School will notify via a standard notification letter, as required by Education Code §47605(d)(3), the superintendent of the school district of a pupil's last known address within thirty (30) days if a pupil is expelled, struck out, or withdraws from the charter school. Upon request, Julian Charter School will provide the district of residence with a copy of the cumulative record of the pupil, including a transcript of grades or report card, and health information.

Procedure:

Enrollment

1. When a new student enrolls in the charter, a notification form that includes a request for the student cumulative record will be sent to the district of prior enrollment. (See attached notification form template.)

Expulsion and Withdrawal

1. When a charter school pupil has been expelled, struck out, or withdraws from Julian Charter School, a notification letter will be sent to the superintendent of the school district of residence. (See attached notification letter template.)
2. Julian Charter School will provide the district of residence a copy of the cumulative record of the pupil, including a transcript of grades or report card, and health information regarding the pupil upon receipt of written request.

Original Policy 02/27/01

Revised Policy 03/09/07

Revised Policy 06/06/08



JULIAN CHARTER SCHOOL

P.O. Box 2470

Julian, CA 92036-2470

Telephone: 866-853-0003 ♦ Fax: 877-894-4150

www.juliancharterschool.org

JCS—the right choice for personalized learning

Date: _____

To: _____
(School Name)

Notice of Student Expulsion or Withdrawal

Student's Name: _____

(Address)

Pursuant to Education Code §47605(d)(3), please be advised that the above named student has been withdrawn from **Julian Charter School** as of _____. According to our records, this student intended to transfer to _____.

Upon receipt of a written request, Julian Charter School will provide the District with a copy of the cumulative record of the pupil, including a transcript of grades or report card, and health information regarding the pupil. Please mail all written requests to: Julian Charter School, P.O. Box 2470, Julian, CA 92036-2470

Sincerely,

Jennifer Cauzza
Executive Director

Cc: Parent of Child
Student File

**General Education Authorization for Release of Records
Cumulative Record/Transcript Request**

In accordance with the Family Educational Rights and Privacy Rights Act of 1974 and California State Law, please release to the school named below all records, including:

- Cumulative Record
- Health Records
- Transcripts of Completed Work Including Grades to Date
- CAHSEE Status
- CELDT Scores and Related ELL Information
- CSIS Student Number
- Any Other Educational Information

Student Name:

Birth Date:

Grade:

Signature of Parent/Guardian of Student: X

Date: X

Name of Last School Attended:

Address of Last School Attended:

City, State, Zip of Last School Attended:

Dates Attended:

No previous school attended (check here if the student was not previously enrolled in a school)

Note: If applicable, a separate request from our special education department will follow this request.

Signature of Registrar:

Date:

Please forward all student records to:

**Julian Charter School
P. O. Box 2470
Julian, CA 92036
Fax: (760) 765-3849**

New Student Authorization for Release of Records

Special Education Records

In accordance with the Family Educational Rights and Privacy Rights Act of 1974 and California State Law, please release to the school named below all records, including:

- Health Records (Health and Developmental Records)
- Special Education records including:
 - IEPs
 - ITPs
 - BIPs
 - Academic Assessments
 - Speech and Language Assessments
 - Psychological Assessments/Multidisciplinary Reports
- CSIS Student Number
- Any other Special Education Information

Student Name: _____

Birth Date: _____ Grade: _____

Name of Last School Attended: _____

Address of Last School Attended:

FAX of Last School Attended:

City, State, Zip of Last School Attended:

Dates Attended:

No previous school attended (check here if student was not previously enrolled in a school)

Receiving Registrar:

Please complete the following in response to special education records, sign, date and return either by fax or by mail:

We do not have the records you request in our files.

We have not been able to locate the requested files but our records indicate this student did receive

special education services.

After reviewing our records, it is determined that the above named student has not received special education services, nor has been identified as being eligible for special education services.

Other/please explain:

Registrar Signature: _____ Date: _____

Please forward all student records to:

Julian Charter School, Attn: Claire Roush

PO Box 152570

San Diego, CA 92195

Fax: 619-518-2910 **Phone:** 619-795-6362