# 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 – PO Box 152570, San Diego, CA 92195

Phone: 619-795-6362 Fax 619-518-2910 [sped@juliancharterschool.org](mailto:sped@juliancharterschool.org)

**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