

Inter-District Agreement and Request for Release of Student FTE

This Inter-district agreement is applicable to students who are enrolled in courses with both the Lake Stevens School District and any other Washington State school district. The purpose of this form is to establish a sharing agreement between both districts to ensure that the student is not counted collectively more than one full-time-equivalent for state funding per WAC 392-121-136 (1), and WAC 392-121-182 (5)(c).

One Form per Student

Step #1 - Student Information New Request Annual Renewal _____ School Year

Student: _____ School Yr Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Mailing Address/City: _____ Zip Code: _____

Physical Address/City (if different from mailing): _____ Zip Code: _____

Step #2 - FTE Schedule Information

Please have each district complete this section. LSSD calculates FTE based on a student's actual weekly minutes in class (including passing time). Total weekly minutes ÷ 1500 = Total FTE

Resident District: <u>Lake Stevens School District</u>	Weekly Minutes	FTE	Non-Resident District: _____	Weekly Minutes	FTE
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
Total Calculated FTE			Total Calculated FTE		

Important Note: Unless otherwise specified in this agreement, the educational responsibility for the student remains with the resident school district for purposes of special services, graduation requirements, state assessments, and Core Student Record System reporting. Unless otherwise specified, the resident school district will be designated as the "Primary School of Responsibility" for CSRS reporting.

Expect The Best

Parent/Guardian Signature: X _____ Date: _____

Step #3 – District FTE Release / Enrollment Agreement

Legal Reference WAC 392-121-136 (1); WAC 392-121-182 (5)(c)

Agreement must be completed annually for each student and a copy returned to the LSSD Business Dept with all authorized signatures.

The Resident District agrees to the following sharing of FTE not to exceed a combined 1.0 full-time-equivalent for the above named student for the duration of the applicable school year.

Resident District: LAKE STEVENS SCHOOL DISTRICT will declare a maximum FTE of _____ for this student.

Additional Enrollment Provisions: _____

Signature of Superintendent or Authorized Designee: X _____ Date: _____

Nonresident District Certification of Acceptance: Accepted Denied Reason: _____

Nonresident District: _____ will declare a maximum FTE of _____ for this student.

Additional Enrollment Provisions: _____

Signature of Superintendent or Authorized Designee: X _____ Date: _____