



# Bellevue School District's Advanced Learning Change of Service Options Form

*This form only applies to students who have been identified for self-contained services (SCS) in the full-time program.*

**Return this form via**

US Mail: Advanced Learning Dept. **OR** Email: [advancedlearning@bsd405.org](mailto:advancedlearning@bsd405.org)  
Bellevue School District  
P.O. Box 90010  
Bellevue, WA 98009

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

**CURRENT** School: \_\_\_\_\_

BSD Student ID: \_\_\_\_\_ **CURRENT** Grade Level: \_\_\_\_\_  
*(If known)*

**WHEN WOULD YOU LIKE FOR THIS REQUEST TO BE EFFECTIVE?**

Immediately (ASAP)     Other Date \_\_\_\_\_     In Fall \_\_\_\_\_  
*(Year)*

**OPTION 1**

I wish to have my child withdraw from the full-time, self-contained (SCS) program and return to the neighborhood or choice school and receive differentiated services in the general education classroom at the following school:

Neighborhood/Choice School: \_\_\_\_\_

**OPTION 2**

I wish to have my child withdraw from differentiated services in the general education classroom and enter/return to the full-time, self-contained service (SCS) model at the following school:

- |   |  |
|---|--|
| <input type="checkbox"/> Cherry Crest Elementary School | <input type="checkbox"/> Odle Middle School    |
| <input type="checkbox"/> Medina Elementary School       | <input type="checkbox"/> Tye Middle School     |
| <input type="checkbox"/> Somerset Elementary School     | <input type="checkbox"/> Interlake High School |
| <input type="checkbox"/> Spiritridge Elementary School  |  |

Preferred Email \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Alternate Email \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Please type your complete name as your signature \_\_\_\_\_

Date \_\_\_\_\_

***By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information.***