

## **Guidelines for Attendance Outside the Resident Area**

The Cedar Falls Community Schools has strict guidelines regarding attendance areas for elementary and junior high students. Students are required to attend the school in their resident attendance area unless given written approval to attend a school outside the resident area by the appropriate director of education (a “Rules Exception”). Requests for exceptions to these guidelines must be made in writing.

Exceptions to these guidelines will be considered for approval for the following reasons only:

1. The student has been enrolled at the resident school for grades 1-5 or grades 7-8 and the family moves into another attendance area within the district. An exception may be approved for the student to remain attending the previous school for his/her last year of enrollment. *Maintaining appropriate class size may be a factor in granting or denying this exception.*
2. A licensed physician with a history of treating the student provides the district with a written recommendation to allow the student to attend a school outside his/her attendance area. The recommendation must state specific reasons why enrollment at a different school is in the best interest of the student. A signed *Release of Information* form must be submitted (see attached), and direct communication with the physician will be made prior to consideration for an exception.
3. A student may be assigned to a specific school because of an individual education plan (IEP) requiring special education services that can only be provided at a specific school. Determination of this type of placement will be made in cooperation with the IEP team and AEA support personnel.

The Director of Elementary or Secondary Education may approve an exception for the purpose of maintaining or balancing enrollment in elementary or junior high buildings.

All requests for exceptions or inquiries are to be directed to **Mrs. Pam Zeigler**, Director of Elementary Education for grades K-6, or **Mr. Dan Conrad**, Director of Secondary Education for grades 7-9.



# Cedar Falls Community School District

## Authorization for Exchange of Information

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Cedar Falls Community School District  
(Parent or Legal Guardian)

to exchange information with \_\_\_\_\_ that is pertinent to the student's  
(Physician / Medical Facility Name)

educational and health needs as deemed by either agency. The information shared may be written and/or verbal and it may be currently in existence and/or that which is made in the future. This information will only be shared with appropriate personnel, who need to know. This authorization is good for one year from the date it is signed. I understand I may revoke this authorization at any time, except to the extent that action has already been taken in reference to it, by giving written notice to the Cedar Falls Community School District.

Signed: \_\_\_\_\_  
(Parent / Legal Guardian signature)

Date: \_\_\_\_\_

### Specific Authorization for Release Protected by State or Federal Law

By signing below, I authorize the release of the following information:

Mental Health Evaluation/Treatment\*: \_\_\_\_\_

Substance Abuse (alcohol/drug)\*\*: \_\_\_\_\_

HIV Testing and Related Information: \_\_\_\_\_

### Prohibition of Redisclosure

This form does not authorize redisclosure of medical information beyond the limit of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient or legal representative, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may apply for unauthorized disclosure of alcohol/drug abuse or mental health information.

\*Only persons 18 years of age or his/her legal representative may authorize release of mental health information

\*\*Only the student may authorize release of substance abuse information, unless the student is under legal age or incompetent as defined by statute

Sharing information: It is the responsibility of all agencies listed to provide requested information. The recipient of the information is responsible for maintaining confidentiality of the information.

**Notice to recipients of mental health information**

In accordance with the Iowa Mental Health Disclosure Act (Iowa Code, Chapter 228), a recipient of mental health information may redisclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapter 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Notice of recipients of substance abuse information**

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Iowa Code, Chapter 125 and Federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written consent of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Notice to recipients of HIV-related testing information**

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Ch. 141.23); Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.