

INTERDISTRICT TRANSFER APPLICATION

Parent(s): Please Return Application Form to Your District of Residence

New Request _____ Renewal Request _____
 For School Year: _____
 Requested Starting Date: _____

Requested School to Attend: _____ Requested District to Attend: _____

STUDENT(S) DATA: Application for transfer applies to the following student(s). Please print clearly.

Last Name	First Name	Date of Birth	Requested Grade Level	Special Education Services (if applicable)			
				Special Day Class	Resource Specialist Program	Speech Language Program	*Other Services
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other Services: _____

Specific Reason/Basis for Request to Transfer:

Former Resident/Current Attendee: to continue in current school/district to finish current school year.

Future Resident: moving to requested district. Approximate date of move: _____.

Last Grade Privilege: student was in attendance at requested school during prior grade and will be promoted within one year or less.

Hardship: letter specifying hardship required from psychologist, psychiatrist, social worker or physician.

Residency Based on Employment (AB2071). Complete the following information:

Employer/Company Name: _____ Contact Name: _____
 Address/City/Zip: _____ Phone #: _____

Request Based on Childcare Needs. Complete the following information:

Childcare Provider Name: _____ Phone #: _____
 Address/City/Zip: _____

Other, Please specify: _____
(Attach Separate Sheet if needed)

Parent Signature:

- My signature below indicates that I have read this statement and understand the conditions which apply through the Interdistrict Agreement process of the relevant districts.
- Children will not be enrolled at a requested school until Interdistrict Agreements are approved by both districts and after it is determined that space is available in the requested grade and/or school.
- It may be necessary for parents to meet with an administrator.
- Interdistrict Agreements may be canceled at any time during the school year due to overcrowded conditions or due to unsatisfactory attendance, scholastic progress, or behavior of students (based on individual district policies).
- Providing incorrect information will cause this request to be revoked.
- Parents are responsible for transportation.
- Parents must resubmit an Interdistrict Transfer Application each year for reapproval, upon their own initiative, prior to their student(s) re-enrolling in the requested school each fall.

Parent Signature: _____ Date: _____ Address: _____

Parent Name (printed): _____ City: _____ ZIP: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Current School of Residence: _____ District: _____

Current/Last School of Attendance: _____ District: _____

FOR OFFICE USE – Final Distribution after all signatures: District of Attendance, District of Residence, COE, Parent

To be completed by District of Residence	To be completed by District of Requested Attendance
School District: _____	School District/Site: _____
Release Approved _____ Release Denied _____	Transfer Approved _____ Transfer Denied _____
<input type="checkbox"/> If Special Education needs are later identified, this agreement will need to be renegotiated	Other Conditions: _____
<input type="checkbox"/> Approved according to SELPA policy and Special Education Program space availability.	_____
Signature: _____	Signature: _____
Date: _____	Date: _____

