

Please print clearly. Complete one form for each student requesting a transfer.

☐ New Request☐ Renewal

Student Name \_\_\_\_\_ School Year 20\_\_\_\_ - 20\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

School of Residence \_\_\_\_\_ School Currently Attending \_\_\_\_\_

School Requested \_\_\_\_\_ School District of Desired Attendance \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Is the student (check yes/no): Under expulsion order: ☐ Yes ☐ No Sibling requesting transfer: ☐ Yes ☐ NoSpecial Education (IEP): ☐ Yes ☐ No 504-Plan: ☐ Yes ☐ No**Reason(s) for Request**

- ☐ Childcare ☐ Continuing/Returning student ☐ District/Site employee ☐ Employment in the area ☐ Siblings attend district
- ☐ To complete current year after moving to another attendance area ☐ Open Enrollment Act (Romero Bill SB5X-4)
- ☐ Pending change of residence this year (attach copy of escrow or similar document within 90 days)
- ☐ Health Reasons (attach verification from licensed physician or clinical psychologist) ☐ Other \_\_\_\_\_

Childcare Person/Agency	Employer Information – Father	Employer Information – Mother
Name	Name	Name
Address	Address	Address
Phone	Phone	Phone

Signature of Childcare provider \_\_\_\_\_

**Terms and Conditions**

It is understood that the parent/guardian will have to provide home to school to home transportation. **This permit is valid as long as the student's attendance, behavior and academic performance are satisfactory to the district of attendance.** False or misleading information may be cause for denial or revocation of a permit. Approval is subject to space availability in the district. A permit may be revoked for cause at any time. **EC 46600 Failure to adhere to the above terms and conditions may result in revocation of this permit.**

I have read and understand the regulations and policies governing Interdistrict attendance permits and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that this form will be provided to the district of residence, the district of desired attendance, and that the information provided is subject to verification.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DISTRICT USE ONLY**

RELEASE BY DISTRICT OF RESIDENCE: as long as there is: 1. No fee for service 2. No excess costs 3. No transportation costs 4. Space availability

☐ Approved ☐ Denied\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Date

ACTION BY DISTRICT OF REQUESTED ATTENDANCE:

☐ Approved: as long as there is: 1. No fee for service 2. No excess costs 3. No transportation costs 4. Space availability☐ Denied: Reason \_\_\_\_\_\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Date