



# Interdistrict Transfer Agreement

School Year: 2018 - 2019

<b>To be completed by parent/guardian (Please print):</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	
Student Name (Last, First)	Grade in 2018-19	Birth Date (Student)
School of Residence	District of Residence <b>Rowland Unified School District</b>	
Current School of Attendance	Current District of Attendance	
School Requested	District Requested	
Parent/Guardian Name	Primary Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Address	Secondary Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
City/Zip	Email Address	
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No   Which? _____		
What special services has the student received? <i>(Check all that apply)</i> <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> Other _____		
If Student is receiving Special Education services, what is their current placement? <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Pending Assessment <input type="checkbox"/> Other _____		
What is/are the reason(s) for the request? <i>(Check all that apply)</i> <input type="checkbox"/> Child Care* <input type="checkbox"/> Parent Employment* <input type="checkbox"/> Sibling <input type="checkbox"/> Health <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Complete Final Year at Current School <input type="checkbox"/> Change in Residence <input type="checkbox"/> Specialized Program* <input type="checkbox"/> Other Reason <span style="margin-left: 600px;">(explain on the reverse side)</span>		
<b>*Please attach applicable supporting documents (list of required documents on the reverse side)</b>		

I have read the terms and conditions and understand the regulations and policies governing Interdistrict transfer agreements and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation **DOES NOT** guarantee that the request will be approved. I understand that this agreement is for **one school year only** and must be **renewed annually**. I understand the agreement may be revoked during the year based on the terms and conditions listed on the back of this agreement.

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

<p><b><i>District of Residence</i></b></p> <p>Decision:    <input type="checkbox"/> Approved*    <input type="checkbox"/> Denied</p> <p><small>*No financial obligation shall be incurred by the district of residence for services rendered under this agreement.</small></p> <p>Comments: _____</p> <p>_____</p> <p>Authorizing Signature: _____</p> <p>Title: <u>Director, Student Services</u></p> <p>District: <u>Rowland Unified School District</u></p> <p>Date: _____</p>	<p><b><i>Requested District of Attendance</i></b></p> <p>Decision:    <input type="checkbox"/> Approved    <input type="checkbox"/> Denied</p> <p><small>Requested District please sign, make a copy for your files and return this original to Rowland Unified School District, Attn: Student Services</small></p> <p>Comments: _____</p> <p>_____</p> <p>Authorizing Signature: _____</p> <p>Title: _____</p> <p>District: _____</p> <p>Date: _____</p>
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## TERMS AND CONDITIONS

- This interdistrict transfer agreement is valid only for the school year granted; the agreement expires at the end of each school year and must be renewed annually.
- The permit may be revoked if student's attendance, behavior and academic performance are not satisfactory to the district of attendance.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.

### Supporting Documents Required

REASON CHILD CARE AND/OR EMPLOYMENT (Both parents must be employed Fulltime) – THE FOLLOWING IS REQUIRED

- Complete the Child Care/Employment Verification** (below)
- Copy of both parent's current pay stubs.
- Letter from employer on **letterhead** stationery indicating the hours of the day and days of the week you work (both parents).
- If parent is self-employed, a business card **and** a copy of the business license must be submitted.

PARENT FULL TIME STUDENT – THE FOLLOWING IS REQUIRED

- Current school year schedule indicating class times, days and proof of registration (if one parent is employed the above employment information must be submitted. *(If you are requesting an Interdistrict Permit during the summer, permits will not be processed until parent can provide school and class registration).*

PARTICULAR EDUCATIONAL PROGRAM

- Acceptance letter (high school level) **specifying the 4-year educational program for which the student was accepted.**
- Course description or school catalog of the educational program. The 4-year educational program (high school level).
- Renewals** - Tentative class schedule for the following school year and current grade report card.

**If your permit request is for reasons other than mentioned above or for health, please provide your reason below or you may attach an explanation if necessary.**

### Child Care and/or Employment Verification

We reserve the right to verify child care throughout the school year. Falsified information will cause this request to be revoked. **Please complete all sections below and submit with the required documentation. Incomplete forms will not be accepted.**

#### Child Care Provider Information

Name of Child Care Provider: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Child Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Days Child Care will be provided: \_\_\_\_\_ Hours: From: \_\_\_\_\_ to: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Employment Information

Father's Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Company Name: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Company Name: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that all information provided is true and correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_