



# Interdistrict Transfer Agreement

## School Year: 2019-2020

<b>To be completed by parent/guardian (Please print):</b>		<input type="checkbox"/> Initial <input type="checkbox"/> Renewal
Student Name (Last, First)	Grade in 2019-2020	Birth Date
RUSD 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	Home Telephone Number:	
Address	Secondary Contact #: <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? _____		
Does the student participate in any of the following programs? <i>(Check all that apply)</i>		
<input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> English Language Learner <input type="checkbox"/> Dual Language _____ <input type="checkbox"/> Other _____		
Does the student receive Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check all that apply)</i>		
<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 _____		
Reason(s) for the request? *Requires supporting documents, see page 2 of Interdistrict Transfer Agreement		
<input type="checkbox"/> Child Care* <input type="checkbox"/> Parent Employment* <input type="checkbox"/> Sibling <input type="checkbox"/> Medical <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Complete Final Year <input type="checkbox"/> Moved (date) <input type="checkbox"/> Specialized Program* <input type="checkbox"/> Other Reason (explain below)		
_____/_____/_____                      _____		

**Other Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<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><b>Comments:</b> _____</p> <p>_____</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><b>Comments:</b> _____</p> <p>_____</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.

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 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 this agreement.

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

Please complete **all** sections below if your reason is due to child care and/or employment and submit **all** of the following required documentation. Incomplete Interdistrict Transfer Agreement *will not* be accepted.

- A copy of **both parent's** most recent pay stubs, to verify fulltime employment.
- A letter from employer on **letterhead** stationery indicating your weekly schedule for **both parents**.
- If the parent is self-employed, a business card **and** a copy of the business license must be submitted along with the employment information mentioned above for the other parent if applicable.
- A copy of registration and fulltime class schedule (if the parent(s) is attending school).

### CHILD CARE PROVIDER INFORMATION

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

Relationship: \_\_\_\_\_

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

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

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

### EMPLOYMENT INFORMATION

**Father's** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Mother's** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone # \_\_\_\_\_

### SPECIALIZED PROGRAM

- Acceptance Letter to the Specialized Program (high school it must be a 4-year educational program)
- Course Catalogue/Brochure with description of the Specialized Program (high school 4-year educational program)
- **Interdistrict renewal-** Tentative class schedule for the requested school year and a copy of the student's current year report card indicating Specialized Program enrollment and participation.