

BOUSD Timestamp:



School Year _____ - _____
New                      Renewal

### INTERDISTRICT TRANSFER PERMIT

Student's Last Name	Student's First Name	Birth Date	Grade	
			2018-2019	2019-2020
Street Address		City	Zip Code	
Parent/Guardian Name				
Father's Daytime Phone No.		Father's Email		
Mother's Daytime Phone No.		Mother's Email		
Resident School and District	Requested District and School	Current/Last School Attended		

<b>Reason for Transfer:</b>	Child Care*	Finish School Year	Junior/Senior Privilege	Work-Related*
Special Program*		Special Circumstance*	Other:	
<i>Describe:</i>		<i>Describe:</i>		
*Supporting documentation required. Student must be enrolled in the specialized program for the duration of the transfer.				

Expulsion/Pending Expulsion Order: <i>(Required)</i>	Yes	No	Special Education: <i>(Required)</i>	Yes	No	Type: _____
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#### Parent Affidavit

I understand that an approved transfer may be revoked for any of the following reasons: (1) space availability; (2) unsatisfactory attendance; (3) unsatisfactory citizenship/behavior; (4) unsatisfactory academic performance; (5) providing false information in making a transfer request; (6) other reasons that may be determined by the Board of Education. I understand that the Brea Olinda Unified School District shall have no responsibility with regard to transportation. I understand that transfers are valid for **ONE YEAR ONLY**, must be renewed annually, and are not guaranteed for future renewal. I certify that all information submitted on my application and supporting document(s) is true and correct.

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

**If the interdistrict transfer request is denied, you have the opportunity to appeal.**

ACTION BY DISTRICT OF RESIDENCE		
Release is	APPROVED                      DENIED	Date: _____
Reason for denial _____		
Authorized Signature _____ Title _____		
<i>BOUSD WILL NOT BE RESPONSIBLE FOR ANY ADDITIONAL EXPENSES FOR OUT OF DISTRICT STUDENTS.</i>		

ACTION BY DISTRICT OF ATTENDANCE		
The above named student is	APPROVED                      DENIED	attendance in the _____
School District and is assigned to _____ School		
Authorized Signature _____ Title _____ Date _____		