



BREA OLINDA UNIFIED SCHOOL DISTRICT
 1 Civic Center Circle, Level II P.O. Box 300
 Brea, CA 92822
 Phone: 714-990-7800

INTERDISTRICT DENIAL APPEAL

School Year _____

PLEASE PRINT:

New Renewal

Male Female

Student Name		Birth Date	Grade (for requested year)
Parent/Guardian		Home Phone	
Address	Apt.#	Work Phone	
City	Zip Code	Cell Phone	

Resident School	District
Requested School	District
Current School	District

Reason(s) for Requesting Transfer: _____

Brea Olinda Unified School District Interdistrict Transfer Request Denial Date: _____

Appeal for Denial Submitted (Date): _____

Parent/Guardian Signature: _____

Please explain reason for appeal and attach any relevant documentation:

FOR DISTRICT USE ONLY

Appeal Decision Date: _____

Comments: _____

Decision: REVERSE DENIAL UPHOLD DENIAL

Signature: _____

Title: _____

BOUSD reserves the right to deny transfer requests or release students for the following reasons: Student history of unsatisfactory attendance, behavior, or academic performance; providing false information in making a transfer request; adverse impact on ethnic balance; insufficient state aid; lack of documentation concerning employment within the identified district; lack of facilities either district-wide or in a specific attendance area/school; lack of suitable or impacted special education programs; and other reasons that may be determined by the Board of Education.

If a request for an interdistrict transfer/reciprocal agreement is denied, the student's parents/guardians may file an appeal with the county office of education of the district denying the transfer within 30 days of receipt of the official notice of denial of the transfer.