

1 Civic Center Circle, Level II  
Brea, CA 92821  
(714) 990-7800

### UPDATED CONTACT INFORMATION

(for non-residents/interdistrict transfer renewal students adhering to the guidelines set forth in Education Code § 46600 & 48204)

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		
District of Residence	Requested School		Current/Last School Attended	

**Special Education:** Yes  No  Type: \_\_\_\_\_

<b>EMPLOYER INFORMATION</b>	<i>For parents/guardian who are employed/self-employed in BOUSD boundaries</i> <i>** Please attach proof of employment **</i>	
	Employer Name:	
	Employer Address:	
	Employer Phone:	

#### 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: \_\_\_\_\_