

**APPLICATION FOR INTERDISTRICT TRANSFER PERMIT  
FOR SCHOOL YEAR 20\_\_ - 20\_\_**

Date Rec:
Time Rec:

New Application  Renewal  
(Please attach a copy of current report card to verify academic or grade level)

Pupil's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Current School of Residence \_\_\_\_\_ District \_\_\_\_\_

Prior School of Attendance \_\_\_\_\_ District \_\_\_\_\_

Requested School \_\_\_\_\_ District \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

Is the pupil enrolled in special education due to a learning, physical, or mental disability? YES \_\_\_ NO \_\_\_  
 If YES, attach a copy of the pupil's current IEP. Application will not be assessed/processed until pupil's current IEP is provided.  
**NOTE: Provision of special education information is solely for informational purposes to assess services required.**

Is the pupil currently facing disciplinary action? YES \_\_\_ NO \_\_\_

Is the pupil currently expelled from a school? YES \_\_\_ NO \_\_\_

If YES, what is the name of the school district that ordered the expulsion: \_\_\_\_\_

Beginning and ending dates of the expulsion order: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

BY MY SIGNATURE BELOW, I certify that to the best of my knowledge the information provided in this application is true and correct, and further agree to the terms and conditions on the reverse side of this form.

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

Email Address: \_\_\_\_\_

**INTERDISTRICT ATTENDANCE PERMIT FOR SCHOOL YEAR 20\_\_ - 20\_\_**

DISTRICT OF RESIDENCE: GRANTED  DENIED

UNKNOWN TO DISTRICT

Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized Signature (School District of Residence) \_\_\_\_\_ Date \_\_\_\_\_

REQUESTED DISTRICT OF ATTENDANCE: GRANTED  DENIED

Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

CONDITIONAL APPROVAL  Terms of conditional approval: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized Signature (Requested School District of Attendance) \_\_\_\_\_ Date \_\_\_\_\_

Parent has the right to appeal the denial of an interdistrict transfer to the County Board of Education only after verification that appeal within the district(s) has been exhausted (E.C. 46601).