

# GUSTINE UNIFIED SCHOOL DISTRICT

1500 Meredith Avenue, Gustine, CA 95322

209/854-3784

Fax 209/854-9164

## REQUEST and AGREEMENT FOR INTER-DISTRICT ATTENDANCE

School Year Requested: 20\_\_ - 20\_\_ Inter-District Transfer Request New Continuing

Name of Student (Please Print)	Grade Requested	Date of Birth	District of Residence	District Requested

Parent/Guardian \_\_\_\_\_ Home/Cell Ph: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**REASON FOR TRANSFER:** If reason is work related please submit proof of employment

\_\_\_\_\_

**Does your child have an IEP?** YES NO (if yes, please specify below)  
Special Day Class Resource Specialist Program(RSP) Speech/Language Adaptive P.E.  
Other: (please explain) \_\_\_\_\_

Does your child have a current 504 Student Accommodation Plan? Yes No

**Is the student currently expelled from a school?** YES NO  
If yes, what is the name of the school district that ordered the expulsion? \_\_\_\_\_

Contact information: \_\_\_\_\_

**PARTICIPATION IN SPORTS:** If the pupil participates in any athletic program governed by the California Interscholastic Foundation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this application.

1. **Transportation will be provided by parent/guardians**
2. **Regular attendance, with no unexcused absences**
3. **Acceptable behavior and citizenship, with no suspension violations**
4. **Normal progress toward promotion or graduation**
5. **Any violation will be cause for revocation and/or nonrenewal**
6. **If the transfer request has been denied, you can file an appeal with Merced County of Education Board Directors**

I hereby certify that I am the Parent, Legal Guardian, or Person Having Custody:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by District of RESIDENCE**

Approved  Denied because \_\_\_\_\_

Date \_\_\_\_\_ Superintendent's Signature \_\_\_\_\_

**To be completed by District of ATTENDANCE**

Approved  Denied because \_\_\_\_\_

Date \_\_\_\_\_ Superintendent's Signature \_\_\_\_\_

**Gustine Unified School District will not reimburse district of attendance for Special Education services**