



CENTRALIA SCHOOL DISTRICT
6625 LA PALMA AVE, BUENA PARK, CA 90620
P: (714) 228-3100 F: (714) 228-3100

INTERDISTRICT TRANSFER 2019-2020

STUDENT LAST NAME	FIRST NAME	GRADE ENTERING	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	STREET ADDRESS	CITY	ZIP	
PARENT/LEGAL GUARDIAN LAST NAME	FIRST NAME	DAYTIME CONTACT NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	

DISTRICT OF RESIDENCE CENTRALIA SCHOOL DISTRICT	SCHOOL OF RESIDENCE
CURRENT OR LAST DISTRICT OF ATTENDANCE	CURRENT OR LAST SCHOOL OF ATTENDANCE
DISTRICT REQUESTED	SCHOOL REQUESTED

REASON(S) FOR TRANSFER <input type="checkbox"/> Parent/Guardian Employment <i>Must attach one of the following dated within the past 30 days</i> • Paycheck stub • Letter from employer on business stationery verifying work hours per week & location of employment • If self-employed, letter stating work hours per week, location of employment, & copy of business license/permit	<input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Sibling: _____ <small>Name / Grade</small>
<input type="checkbox"/> OTHER:	

WHAT SPECIAL SERVICES HAS THE STUDENT RECEIVED? <input type="checkbox"/> Special Education <input type="checkbox"/> Section 504 <input type="checkbox"/> English Language Learner <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		
IF THE STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES, WHAT IS THEIR CURRENT PLACEMENT? <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Pending Assessment <input type="checkbox"/> Other: _____		
<table border="0"> <tr> <td> WAS THE STUDENT RETAINED? <input type="checkbox"/> No <input type="checkbox"/> Yes Grade: _____ </td> <td> IS THE STUDENT PENDING DISCIPLINARY ACTION OR UNDER AN EXPULSION ORDER? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____ </td> </tr> </table>	WAS THE STUDENT RETAINED? <input type="checkbox"/> No <input type="checkbox"/> Yes Grade: _____	IS THE STUDENT PENDING DISCIPLINARY ACTION OR UNDER AN EXPULSION ORDER? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____
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I have read the terms and conditions, and understand the regulations and policies governing Interdistrict attendance permits and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation DOES NOT guarantee that the request will be approved.

Terms and Conditions

- This Interdistrict Transfer Agreement is valid only for the school year granted and must be renewed annually. Renewals are not guaranteed.
- Approval is subject to space availability in the requested district and may not be at the site requested.
- **This agreement may be revoked at any time by the district of attendance for the following reasons:**
 - Student is excessively tardy or absent from school, or student is brought to school excessively early or left excessively late.
 - Student/ Parent fails to uphold appropriate behavior standards.
 - Student has poor academic performance.
 - False or misleading information was provided.
 - Students who are eligible for Special Education Services may also be asked to obtain an Inter/Intra-SELPA Agreement for Individuals with Exceptional Needs.
 - No financial obligation shall be incurred by the district of residence for services rendered under this agreement.
 - The parent/guardian is responsible for providing transportation to and from school.
 - Program Impacted
 - District / site has exceeded space availability in grade level

Parent/Legal Guardian Signature

Date

DISTRICT OF RESIDENCE	DISTRICT REQUESTED
DISTRICT: CENTRALIA SCHOOL DISTRICT	DISTRICT: _____
DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Renewal <input type="checkbox"/> Not in Policy <input type="checkbox"/> Other <input type="checkbox"/> Other	DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied COMMENTS: _____
COMMENTS: _____ <input type="checkbox"/> No funds to follow	
DATE: _____	DATE: _____
BY: <input type="checkbox"/> Director, Student and Parent Engagement <input type="checkbox"/> Student Support Assistant	BY: _____
SIGNATURE: _____	TITLE: _____
	SIGNATURE: _____