



LINDEN UNIFIED SCHOOL DISTRICT

18527 EAST MAIN STREET
LINDEN, CA 95236
Ph (209) 887-3894
Fx (209) 887-2250

Interdistrict Attendance (IDA) Transfer Request for School Year: 20__ - 20__

Date of Request: _____

Parent/guardian: Please fill out one application for each student. As a resident of *Linden Unified School District* and the parent/guardian of the student listed below, I am requesting his/her transfer out of the *Linden Unified School District*.

Student's Name: _____ Date of Birth: _____

Student's Current School: _____ Current Grade: _____

Requested District: _____ Requested School: _____

Name of Parent/Guardian: _____ Signature: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

List other school-age children: _____

Name	Grade	Current School
_____	_____	_____

Does student receive special education services? Yes No Does student have a 504 plan? Yes No

Is student an English Language Learner? Yes No

Is student currently expelled, pending expulsion or expelled within the last year? Yes No

Reason for Transfer Request: (Check reason and explain fully)

1. _____ Parent's employment is located within attendance boundaries of requested district. If checked, complete the following:

Parent's employer/Company Name: _____ Employer Phone: _____

Employer's Address: _____

2. _____ Other _____

To be filled out by District of Residence

_____ **The IDA Transfer Request is denied. Reason:** _____

_____ **This IDA Transfer Request is approved** and referred to the Requested District for consideration. This IDA Request and an IDA Transfer Agreement (Form 2) will be sent to the Requested District with transcript, attendance and discipline information. Students in grades T K – 10 need to re-apply each year.

Signature of District Representative _____ Title _____ Date _____

Note that districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. Note that Interdistrict transfers may not be guaranteed for all siblings. Disapproval by either district may be appealed to the San Joaquin County Office of Education within 30 days of denial. See www.sjcoe.org for Interdistrict Attendance Appeal Handbook, or call the San Joaquin County Office of Education(209)468-4800.