



CENTRALIA ELEMENTARY SCHOOL DISTRICT
 6625 LA PALMA AVE. BUENA PARK, CA 90620
 (714) 228-3141 FAX: (714) 228-3100

INTERDISTRICT TRANSFER 2020-2021

NEW RENEWAL

| | | | | |
|---------------------------------|----------------|------------------------|---|---|
| STUDENT LAST NAME | FIRST NAME | GRADE IN 2020-21 | 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 | |

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|--|--------------------------------------|
| DISTRICT OF RESIDENCE CENTRALIA ELEMENTARY 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. CHECK ALL THAT APPLY.

Parent/Guardian Employment *Must attach one of the following dated within the past 30 days.*

- 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

OTHER:

Continue Enrollment

Sibling: _____
Name / Grade

Finish Final School Year

WHAT SPECIALIZED SERVICES DOES THE STUDENT RECEIVE? CHECK ALL THAT APPLY.

Special Education Section 504 English Language Learner Gifted (GATE) Other: _____ None

IF THE STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES, WHAT IS THEIR CURRENT PLACEMENT?

Resource (RSP) Special Day (SDC) Speech/Language Therapy Pending Assessment Other: _____

WAS THE STUDENT RETAINED? No Yes Grade: _____

IS THE STUDENT PENDING DISCIPLINARY ACTION OR UNDER AN EXPULSION ORDER?
 No Yes Explain: _____

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 available in grade level or program.

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.

Parent/Legal Guardian Signature

Date

| | |
|--|--|
| DISTRICT OF RESIDENCE DISTRICT: CENTRALIA ELEMENTARY SCHOOL DISTRICT | DISTRICT REQUESTED DISTRICT: _____ |
| DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Renewal/ CE <input type="checkbox"/> PE <input type="checkbox"/> SP: D M <input type="checkbox"/> Denied <input type="checkbox"/> CC <input type="checkbox"/> FSY <input type="checkbox"/> Other <input type="checkbox"/> Not in Policy <input type="checkbox"/> Other | DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| COMMENTS: <input checked="" type="checkbox"/> No funds to follow | COMMENTS: _____ |
| BY: <input type="checkbox"/> Director, Parent and Student Engagement <input type="checkbox"/> Student Support Assistant | BY: _____ |
| SIGNATURE: _____ DATE: _____ | TITLE: _____ SIGNATURE: _____ DATE: _____ |