



GONZALES UNIFIED SCHOOL DISTRICT
INTER-DISTRICT AGREEMENT
600 Elko Street/P.O. Box G, Gonzales, CA 93926
Telephone No: (831) 675-0100 Fax No.: (831) 675-2763

District Office Use:

REQUESTED YEARS: _____ [] New [] Renewal
(Shall not exceed five (5) years per CA Ed Code 46600)

STUDENT INFORMATION:

Last Name _____ First Name _____ Date of Birth _____ Grade _____

1) Is this Child in Special Education? [] Yes [] No

2) Has this Child Been Expelled? [] Yes [] No

TRANSFER REQUEST TO: _____ in _____
(School) (School District)

REASON FOR REQUEST (Please check the reason(s) that apply):

- [] Employment: (Please attach verification, example: paystub, business card, employer letter)
Employer Name: _____ Employer Address: _____
Telephone: _____
[] Child Care (children under 12 years old): (Child care provider must be in requested district's attendance boundaries)
Provider: _____ Provider Address: _____
Telephone: _____
[] Mental/Physical Needs: Attach certification by a physician, school psychologist, or other appropriate school personnel
[] Change of Residence (Applies to current school year only): Moving into new district of residence and want student to remain where currently attending
[] 8th or 12th Grader: Allow 8th or 12th grader to attend same school they attended in 7th/11th grade, if family moved out of district
[] Education Program: To attend an education program offered in district requested that is not offered in the district of residence

Reason for request (state from one of the above criteria): _____

PARENT INFORMATION AND CONSENT TO AGREEMENT CONDITIONS

I understand that INTERDISTRICT AGREEMENTS are only effective for the term specified on agreement. Unless otherwise approved by districts, parents must resubmit this inter-district Transfer Request a year before the term expires and before May 15 to be considered as a continuing agreement. Children will not be enrolled until both districts approve and space is available at requested school. Parents/guardians are responsible for transportation of student. Eligibility for athletics may be invalidated because of this transfer. The district of attendance reserves the right to cancel within ten (10) days notice this agreement during the school year due to extreme class size, unsatisfactory student attendance, or unsatisfactory student behavior. I further understand that obtaining all necessary signatures on these forms is my responsibility. Falsification of information invalidates this request.

Parent Name: _____ Parent Signature: _____ Date: _____
(Please Print)

Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____
(If Different from Physical Address)

Telephone Number: _____ Message Number: _____

DISTRICT APPROVALS (For Office Use Only)

Gonzales Unified School District

District of Attendance

ACTION: Approved for ____ / ____ Thru ____ / ____ School Year

ACTION: Approved for ____ / ____ Thru ____ / ____ School Year

Denied: Reason _____

Denied Reason _____

By: _____

By: _____

Date: _____

Date _____