



REQUEST FOR INTERDISTRICT TRANSFER ATTENDANCE FORM

SCHOOL YEAR _____
Please Complete One Form Per Child
Today's Date _____
Student's Name _____ Grade _____ DOB _____
Physical Address _____
Mailing Address _____
Parent/Guardian Address (if different from above) _____
Parent/Guardian Phone: Home _____ Cell/Work _____ Email _____
Resident District Western Placer Unified School District School _____
Requested District _____ School _____
Reason for Request:
[] Child Care _____
[] Employment _____
[] Other _____
(Attach additional pages if more space is needed.)

Terms and Conditions/Standards

- 1. This application form must be submitted by any deadline established in each district's policy/regulation. Failure to submit an application by this deadline is good cause for denial.
2. Any false or misleading information provided to support a request may be grounds to deny, revoke or not renew a permit.
3. The terms and conditions to approve or deny an initial request are included in the board policy/regulation of each district but may include space availability, enrolling siblings in the same district and/or allowing students to complete a school year. The decision whether to approve or deny an initial request will be made by each district in accordance with its policy/regulation.
4. Interdistrict transfer students must annually reapply to both districts. The re-application must be approved by both districts in order for students to continue attending school in the district of enrollment.
5. The standards for reapplication are included in the board policy/regulation of each district but may include space availability, district resources, and the enrollment and/or participation in the requested educational program. The decision to renew an existing permit will be made by each district in accordance with its policy/regulation.
6. The terms and conditions for revocation of an existing permit are included in the board policy/regulation of each district but may include violation of district and/or school rules, and/or failure to demonstrate acceptable academic performance, attendance and/or behavior. Any decision to revoke a permit may be made by each district in accordance with its policy/regulation.
7. Transportation to and from school is the responsibility of the parent/guardian.
8. Student athletes must check the CIF eligibility rules before submitting their application.
9. No financial obligation shall be incurred by the district of residence for services rendered under this permit.

Upon the full execution of this application form, the terms and conditions/standards listed in 1-9 above will form the interdistrict attendance agreement between the districts.

PLEASE INITIAL HERE THAT YOU HAVE READ THE INTERDISTRICT ATTENDANCE REQUEST PARENT HANDBOOK _____
Are you currently under an expulsion order? [] Yes [] No If Yes, from which school/district? _____
Is your child receiving SPECIAL EDUCATION or other services? If so, which services (Please check one or more)
[] Special Day Class [] Resource Specialist [] Speech & Language [] Adaptive Phys. Ed. [] 504 Plan [] Other

Parent/Guardian _____ (Print Name) _____ (Signature)

FOR RESIDENT S.D. OFFICE USE ONLY
____ Granted _____ Denied
Resident District Superintendent's Signature
Date _____
Revised: 1/2015

FOR REQUESTED S.D. OFFICE USE ONLY
____ Granted _____ Denied
Requested District Superintendent's Signature
Date _____