

# Interdistrict Transfer Request for Schools of Santa Cruz County

<p><b>STEP 1: To be completed by parent/guardian. Return all copies to the District of Residence.</b></p> <p><input type="checkbox"/> New Request <input type="checkbox"/> Continuing Request</p>			
<h3>Student Information</h3>			
Transfer requested for: 20____ - 20____ <input type="checkbox"/> Current year <input type="checkbox"/> Future year		Date of Request:	Grade Requested:
Student's Full Name:		Birthdate:	
School District of Residence:	School of Attendance or Last Attended:		
School District of Desired Attendance:	School Requested: <i>(District retains the right to assign students to any school.)</i>		
Parent/Guardian Name:	Relationship to Student:		
Email Address	Contact Number:		
Address	City	Zip Code	
<h3>Student with an IEP or Section 504</h3>			
If the student has an Individualized Education Program (IEP) or Section 504 Plan, <b>please attach a copy of the IEP or Section 504 Plan to this form.</b>			
The student has an IEP or 504 plan, and the plan is attached to this form		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The student is currently being assessed for special education eligibility		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The student is currently being assessed for a Section 504 Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<h3>Student Behavior</h3>			
Has the student been suspended from school for one or more days during the past two school years?	Is the student facing an upcoming expulsion hearing?	Is the student under an expulsion order?	Has the student ever been expelled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to the above questions, please explain when and why this occurred.			
<h3>Foster Youth or Experiencing Homelessness</h3>			
Foster youth & those experiencing homelessness have rights regarding enrollment. Is this student:			
A Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No		Experiencing Homelessness: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, please contact the Santa Cruz County Office of Education Foster Youth Services Coordinator at 831-454-5006 or the Homeless Project Coordinator at 831-466-5666 before submitting this form.</i>			



# Interdistrict Transfer Request for Schools of Santa Cruz County

Student's Full Name: \_\_\_\_\_

## TERMS AND CONDITIONS

This interdistrict transfer agreement is valid only for the school year granted; the agreement expires at the end of each school year and must be renewed annually.

- This agreement may be revoked at any time by the district of attendance for any of the following reasons:
  - Student is excessively tardy or absent from school, or a student is brought to school excessively late or leaves excessively early.
  - Student fails to uphold appropriate behavior standards.
  - Student has poor academic performance.
  - Insufficient space in the school and/or grade level.
  - False or misleading information was provided.
  - Students or parents/guardians fail to follow school rules.
  
- Approval is subject to space availability in the district and may not be at the site requested.
- The timeline for completing this process varies depending on the grade level and reason for the IDT.
- In some cases, a final decision for approval may not be made until late summer and possibly after school begins.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.
- The parent/guardian is responsible for providing transportation to and from school.
- *Students entering grades 11 and 12 in the subsequent school year shall not have their agreements rescinded by either district.*

Parent Initials Required: \_\_\_\_\_

# Interdistrict Transfer Request for Schools of Santa Cruz County

<b>STEP 2: To be completed by the District of Residence</b> Date received:	<b>STEP 3: To be completed by the requested District of Attendance</b> Date received:
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  Comments:  <hr/>	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  Comments:  <hr/>
Authorizing Signature:	Authorizing Signature:
Title:	Title:
Date:	Date: