

Interdistrict Transfer Request for Schools of Santa Cruz County

STEP 1: To be completed by parent/guardian. Return all copies to the District of Residence. <input type="checkbox"/> New Request <input type="checkbox"/> Continuing Request			
Student Information			
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	
Student with an IEP or Section 504			
If the student has an Individualized Education Program (IEP) or Section 504 Plan, please attach a copy of the IEP or Section 504 Plan to this form			
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			
Student Behavior			
Has the student been suspended from school for one or more days during the past two school years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student facing an upcoming expulsion hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to the above questions, please explain when and why this occurred?			
Foster Youth or Experiencing Homelessness			
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>			

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Student Who is a Victim of Bullying or a Child of Active Military Duty Parent

A student who is a victim of an act of bullying or who is a child of an active military duty parent has certain rights with respect to interdistrict transfers. (See Educ. Code, § 46600, subd. (d).) "Victim of an act of bullying" means a pupil that has been determined to have been a victim of bullying by an investigation and the bullying was committed by any pupil in the school district of residence, and the parent of the pupil has filed a written complaint regarding the bullying with the school, school district personnel, or a local law enforcement agency. "Active military duty parent" means a parent with full-time military duty status in the active uniformed service of the United States, including members of the National Guard and the State Guard on active duty orders.

Is this student:

A victim of an act of bullying: Yes No

A child of an active military duty parent: Yes No

Reason(s) for Request. Provide documentation where requested.

- Complete current school year or remain with a graduating class
- Siblings attending (name, grade, and school) _____
- Mental or physical health and/or safety needs (Attach statement from physician, psychologist, juvenile authority or appropriate school staff)
- Recommended by the School Attendance Review Board (SARB) and/county agency for home or community problems (provide written documentation)
- Moving into district in the immediate future (provide written evidence)
- Child care (name, address, phone of provider) _____
- Specialized or unique educational program (describe)
- Parent/Guardian is employed by the School/District
- Other _____

*I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that the information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that the district of desired attendance may request attendance, behavior, and academic progress from prior schools. I understand that I am responsible for the transportation of my student. I further understand that to maintain this permit, my student must comply with the terms and conditions of the district's attendance agreement, if any, which include but are not limited to those terms and conditions set forth above, and the academic, behavior and attendance policy requirements of the district of desired attendance. I understand that this agreement **is for one year only** and must be renewed annually. I further understand that neither district may rescind an existing permit for a student entering grades 11 or 12 in the subsequent school year. Unless other arrangements have been made, should the student not enroll or attend within 20 days of the first day of school, this agreement will be null and void.*

Signature of Parent/Guardian

Date

Important: Each school district in Santa Cruz County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits, which may or may not include the reasons listed below. The district of desired attendance may request attendance, behavior, and academic progress from prior schools. After reviewing the policies of your district of residence and the district of desired attendance, check the reason for requesting the interdistrict attendance permit. The timeline of 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.

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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 fail to follow school rules.
- Approval is subject to space availability in the district and may not be at the site requested.
- 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 : _____

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