Sierra Unified School District INTERDISTRICT TRANSFER AGREEMENT/PERMIT

For school year: 20 20			
Date of request:			
	New		
	Renewal		

Parent/Guardian completes this section - Use separate form for each	<u>child</u>	
Student's Name (Last, First):	Date of Birth: Grade Requested:	
Current or Last School of Attendance:	Current or Last District of Attendance:	
School of Residence:Preferred School:	District of Residence: <u>Sierra Unified</u> Preferred District:	
Parent/Guardian Name:	Phone/Cell number:	
ddress:City/Zip_	Email:	
failing Address:	City: Zip	
s the student currently expelled or under consideration for expulsion? Has the student received special education or other special services?		
f yes, describe:		
Explain the reason(s) for the request for interdistrict transfer (<i>you may</i> a		
declare, under penalty of perjury under the laws of California, that the erms and conditions set forth below and understand the interdistrict tralistrict of desired attendance. I understand that if approved, this permit be denied or revoked during the school year based on any violation of the Parent/Guardian Signature:	insfer regulations and policies for both my district of residence and is subject to the terms and conditions below and that this permit may the terms and conditions set forth below.	
	CONDITIONS rmit is valid only for the school year granted. each school year and must be renewed annually.	
This agreement may be revoked at any time by the district of control of the second of the secon	tht to school excessively early, or left excessively late	
-Student fails to uphold appropriate behavior standards or	·	
 -Student has poor academic performance (student must r -False or misleading information was provided 	namiam at least a 2.0 GPA)	
-Student fails to follow school rules		
-Other:		
May be revoked by the District of Attendance Approval is subject to space availability in the district of desire-	for violation of stated terms and agreement.	
District of Residence	District of Desired Attendance	
School District: Sierra Unified School District	School District:	
Giorna Grimina Gariagi Biotriat		
Decision: Approved Denied Date:	Decision: Approved Denied Date:	
If denied, reason:	If denied, reason:	
Signature - Authorized Representative	Signature - Authorized Representative	