

INTERDISTRICT TRANSFER REQUEST FOR SCHOOL DISTRICTS IN CONTRA COSTA COUNTY



Step 1: To be completed by parent/guardian

Requests must include the Required documentation to support the reason(s) for the interdistrict transfer request based on the chart on page two. All documentation must be attached to the application at the time of submission. Incomplete applications will not be processed.

School Year for transfer: 20__ - 20__		Date of Request:	
Student Name: (Last, First) <i>Complete a form for each student requesting transfer</i>		Birth Date:	Grade Requested:
Residence Address: <i>(Street, City, Zip)</i>		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/>	
Current/Last School of Attendance:		Current/Last District of Attendance:	
School of Residence:		District of Residence:	
School Requested:		District Requested:	
Parent/Guardian: _____ <i>First Name, Last Name and Relationship to Student</i>		Parent/Guardian: _____ <i>First Name, Last Name and Relationship to Student</i>	
Main Phone #: () _____ Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>		Main Phone #: () _____ Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	
Email: _____		Email: _____	
Sibling Name: _____	School/District: _____	Grade: _____	
Sibling Name: _____	School/District: _____	Grade: _____	
Is the student currently pending disciplinary action or under an expulsion order? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the student receiving Special Education Services? Yes <input type="checkbox"/> No <input type="checkbox"/> IEP Placement Services <i>(Please attach plan)</i> : Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Currently Pending Special Education Assessment <input type="checkbox"/>			
Is the student is receiving support services please select all that apply? English Learner <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> General Education with accommodations/modifications <input type="checkbox"/> Section 504 <i>(Please attach plan)</i> <input type="checkbox"/>			
Reason(s) for the request? <i>(Check all that apply. See "Documentation Required" section for required supporting verification)</i> Child Care (K-8 ONLY) <input type="checkbox"/> Sibling in district <input type="checkbox"/> Health & Safety <input type="checkbox"/> Specialized program (9-12) <input type="checkbox"/> Continuing enrollment <input type="checkbox"/> Parent/Guardian Employment: Complete final year at current school <input type="checkbox"/> Proposed change in residence <input type="checkbox"/> Parent works for school district <input type="checkbox"/> Parent works within district boundaries <input type="checkbox"/> Other: _____ <input type="checkbox"/>			

I have read the Terms and Conditions on Page 2 and understand the regulations and policies governing interdistrict attendance permits.

FALSIFICATION OF ANY INFORMATION INVALIDATES THIS TRANSFER APPLICATION

Parent/Guardian Signature _____ **Date** _____

Under penalty of perjury the information provided above is true and accurate

STEP 2: Completed by District of Residence

Decision: Approved Denied

If denied, reason: _____

Authorizing Signature: _____ Date: _____

Title: _____

STEP 3: Completed by Requested District of Attendance

Decision: Approved Denied

If denied, reason: _____

Authorizing Signature: _____ Date: _____

Title: _____

Terms and Conditions

- An Interdistrict permit is granted or denied per the terms and conditions stipulated in a district's board policy.

- I understand that completing this request with the required documentation does not guarantee that the request will be approved.
- I understand Interdistrict Transfer Requests need to be approved by both the resident school district and district of choice.
- Approval by the Requested District is subject to space availability in the district and the district's capacity to provide special education services, if applicable.
- Approved Interdistrict Transfers allows students to attend the Requested District but does not guarantee the specific School Requested.
- I understand that transportation must be provided by parent/guardian.
- A School District of Residence or School District of Attendance shall not rescind existing Interdistrict Attendance Permits for students entering grade 11 or 12 in the subsequent school year, except for revocation reasons stated below.
- I understand that Interdistrict transfer requests are only good for one year and must be renewed annually.
- I understand that the Receiving District reserves the right to revoke this agreement for any student whose behavior, attendance, and/or achievement fails to meet the standards of the school of attendance.

Reason for Request	Documentation Required
Child Care (K-8 Only)	<ul style="list-style-type: none"> ▪ Letter from the childcare provider, childcare center, or organization providing day care <ul style="list-style-type: none"> – Name, address and contact information of the childcare provider, childcare center, or organization – Childcare license number – Hours of operation for the center or organization, or the hours the student is under care – Length of time student has been under care by the adult, center or organization ▪ Letter from parent/guardian explaining the circumstance that an interdistrict permit is necessary under childcare reasons
Parent Employment (If District of Attendance policy permits)	<ul style="list-style-type: none"> ▪ Proof of employment of parents/guardians: ▪ Copy of a recent pay stub ▪ Letter on the employer's stationary verifying schedule (hours and days) and location of employment ▪ If self-employed, letter stating schedule (hours and days) and location of employment ▪ Letter from parent/guardian explaining the circumstance that an interdistrict permit is necessary under parent employment reasons
Sibling	<ul style="list-style-type: none"> ▪ Name, grade and school where the sibling(s) attends (sibling must already attend the requested District of Attendance) ▪ Copy of sibling's release permit from the District of Residence or Copy of Report Card
Health & Safety	<ul style="list-style-type: none"> ▪ Letter or report from a doctor, psychologist, or other appropriate person verifying health-related issues (if applicable) ▪ Police or school report supporting safety-related issues (if applicable) ▪ Documentation of any school meetings addressing safety or health concern (if applicable) ▪ Letter from parent/guardian explaining the circumstance that an interdistrict permit is necessary under health and safety reasons
Specialized Program or Course	<ul style="list-style-type: none"> ▪ Copy of the informational brochure, course description, or other material detailing the specialized program in which the student is interested ▪ Letter from parent/guardian expressing the extent of the student's interest in the specialized program, and how the program is either unavailable or not comparable at the District of Residence
Continuing Enrollment	<ul style="list-style-type: none"> ▪ Copy of student's most current report card and/or transcript showing course of study if the previous release was for specialized program ▪ Letter from parent/ guardian stating the enrollment history (grade and school/district) of the student since kindergarten
Final Year at current school site	<ul style="list-style-type: none"> ▪ Copy of student's most current report card, transcript and discipline report (if applicable)
Change in Residence	<ul style="list-style-type: none"> ▪ Copy of current escrow documents/rental agreements
Other	<ul style="list-style-type: none"> ▪ Current IEP or 504 Plan (If applicable)