



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue

San Jose, CA 95127

(408) 928-6945

INTERDISTRICT ATTENDANCE TRANSFER REQUEST

District Requested: _____ School Year: _____ NEW RENEWAL

PARENT/STUDENT INFORMATION

Name of Parent (Please Print) _____ Date _____

Name of Student(s) _____ Birthdate _____ Grade _____ School Requested _____ Alum Rock Boundary _____

REASON FOR REQUESTING INTERDISTRICT TRANSFER

- Residency Based on Employment - *Employment letter of verification required*
Employee: _____ Employer: _____ Phone: _____
Address: _____ City: _____ Phone: _____
- Child Care Provider - *Notarized letter of verification required*
Name: _____ Phone: _____
Address: _____ Zip: _____
Date of Move: _____
- Former/Future Resident Address: _____
- Last Year Privilege
- Other (explain in detail): _____

PARENT/GUARDIAN STATEMENT

In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request; 3) if granted, this permit will be active for one (1) school year and will remain active only if the student meets the attendance behavior and academic requirements of the district requested; 4) if the permit is granted, the above student and I will be expected to cooperate with the school personnel; 5) if the permit is granted, I will be responsible for the student's transportation to and from school; and 6) if the request is denied by the district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education. I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.

Parent/Guardian Signature: _____ Home Phone: _____ Work Phone: _____

Address: _____ Apt #: _____ Zip: _____

SPECIAL EDUCATION

Name of Student _____ Birthdate _____ Grade _____ RSP/Speech/Other (specify) _____

Approved Denied Date: _____ Director of Special Education: _____

=====OFFICE USE ONLY=====

District of Residence Approved Denied *District of Request* Approved Denied

Authorized Representative _____ Date _____ Signature and Title _____ Date _____