



# Evergreen School District

3188 Quimby Road San Jose, CA 95148 (408) 270-6800 – Fax (408) 274-3894

## REQUEST FOR INTERDISTRICT TRANSFER

(Transfer outside of the Evergreen School District)

[ ] New [ ] Renewal 20\_\_\_\_ - 20\_\_\_\_ School Year District Requested \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Student	DOB	Grade	School Requested	Current School

Does any child above have Special Education/504/Healthcare Plan? [ ] Yes [ ] No **If yes, please indicate below and attach supporting documentation.**

Student Name	Special Day Class	Resource Specialist	Speech	504	Healthcare Plan	Other

### REASON FOR THE REQUEST

Please check one or more of the reasons listed below:

- [ ] CHILD CARE – Name of Provider: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- [ ] EMPLOYMENT – Name of Employer: \_\_\_\_\_ Telephone \_\_\_\_\_  
*(in requested district)*  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- [ ] OTHER: \_\_\_\_\_

In making this request, I understand the following conditions: 1) Approval by both districts is required and granted on space availability. 2) The district requested may investigate the student’s attendance, behavior, and academic records before reviewing the request. 3) If granted, this approval **will be valid for the current school year only** and will remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested and must be renewed each school year. 4) If granted, the parent/guardian will be responsible for the student’s transportation to and from school. 5) If denied by Evergreen School District (ESD), and all appeal rights have been exhausted in ESD, the parent/guardian has the right to appeal the decision to the Santa Clara County Board of Education

**If this transfer form is incomplete or the information is falsified, it will automatically be denied.**

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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

<b>EVERGREEN SCHOOL DISTRICT</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____  Authorized Representative _____ <input type="checkbox"/> Verification of District Residency <input type="checkbox"/> Special Education Authorization (if applicable)	<b>DISTRICT REQUESTED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____  Reasons: _____  Authorized Representative _____
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**For ESD Office Use Only:** Date \_\_\_\_\_ Initials \_\_\_\_\_  
Hand Carry/Mail \_\_\_\_\_  
Special Ed. Dept. \_\_\_\_\_

**Return Original to:** Evergreen School District  
3188 Quimby Road  
San Jose, CA 95148