(For office use only)
School Year 20___ - 20___

LIVE OAK SCHOOL DISTRICT
INTRADISTRICT ATTENDANCE AGREEMENT/TRANSFER REQUEST

Please check preference and return form to the District Office:

Requested School: ☐ Green Acres ☐ Live Oak ☐ Del Mar

School of Residence: ☐ Green Acres ☐ Live Oak ☐ Del Mar

STUDENT NAME(S):

_____	_____	_____	_____	*Enrolled in* _____
Last	*First*	*Date of Birth*	*Grade (for Year Applying)*	*Special Ed? Program Name*
_____	_____	_____	_____	*Enrolled in* _____
Last	*First*	*Date of Birth*	*Grade (for Year Applying)*	*Special Ed? Program Name*
_____	_____	_____	_____	*Enrolled in* _____
Last	*First*	*Date of Birth*	*Grade (for Year Applying)*	*Special Ed? Program Name*

Requested starting date of student(s): _____
Month / Day / Year

Specific reason for transfer: _____

_____

_____

My signature below indicates that I have read this statement and understand the conditions which apply through the Intradistrict Attendance Agreement process. Children might not be enrolled at requested schools until it is determined that space is available in the requested grade/school. Intradistrict Agreements may be canceled at any time during the school year due to overcrowded classroom conditions, or to unsatisfactory attendance, scholastic progress, or behavior of students. If Special Education needs are later identified, this agreement will be subject to re-negotiation.

Parent/Legal Guardian Signature_____ Date_____

Printed Parent/Legal Guardian Name_____

Home Phone #_____ Work Phone #_____ Cell Phone #_____

Address _____ City _____ Zip_____

Complete **ONLY** if transfer reasons are based on childcare:

_____	_____	_____
Childcare Provider's Name	Address/City	Phone #

(For office use only)	
School of Residence_____	School of Attendance_____
ACTION: _____ Approved _____ Denied	ACTION: _____ Approved _____ Denied
By:_____	By:_____
Date:_____	Date:_____