



# Lompoc Unified School District

## INTER-DISTRICT BOUNDARY TRANSFER REQUEST

School Year Requesting: \_\_\_\_\_

- I- Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)  
 E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))

- New**  
 **Renewal**

### STUDENT AND PARENT INFORMATION:

Student Name: \_\_\_\_\_ District Requested: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Requested: \_\_\_\_\_ Male  Female  School Requested: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

### SPECIAL SERVICES:

Does the student receive special services: Yes No If yes, indicate services and provide documentation.

504 Plan  Speech  Special Day Class  Resource  Other: \_\_\_\_\_

### REASON(S) FOR THE REQUEST:

Please check one or more reasons for the request. Attach supporting documentation if required.

Change of Address – Date of Move \_\_\_\_\_

Sibling attending \_\_\_\_\_  
 Name \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Employment – Attach proof of employment (letter on company letterhead/paystub)

Other – Please explain (If necessary, use back of form for further explanation.)

### PARENT/GUARDIAN STATEMENT:

In making this Inter-District Boundary Agreement, I understand the following conditions:

1. Approval by both districts is required.
2. If granted, this Inter-District Boundary Agreement may require annual renewal.
3. Students may be required to change schools due to excessive school enrollment or the redrawing of attendance boundaries.
4. This Inter-District Boundary Agreement may be revoked at any time for unacceptable attendance, behavior issues and/or not adhering to school rules and policies.
5. Parent/Guardian is responsible for transportation to and from school.
6. If this request is denied, you have the right to appeal the decision to the Santa Barbara County Board of Education.

I hereby certify that the student and parent/guardian information provided above is accurate and I understand and agree to the above stated Inter-District Boundary Agreement conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DISTRICTS' DECISIONS:

ATD-12 rev. 11/22

<p><b>DISTRICT OF RESIDENCE:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Reason(s) for decision, if denied: _____</p> <p>By: _____ Date: _____</p> <p>Title: Administrator, Pupil Support Services</p> <p>By: _____ Date: _____</p> <p>Title: Assistant Superintendent, Student Services</p>	<p><b>DISTRICT REQUESTED:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Reason(s) for decision, if denied: _____</p> <p>By: _____ Date: _____</p> <p>Title: _____</p>
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