

**Interdistrict Transfer Request**

Requests that are incomplete or contain incorrect information will not be processed.

Reason for Transfer:  New Request  Renewal

School Year: \_\_\_\_\_ - \_\_\_\_\_

District you are requesting: \_\_\_\_\_

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

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

Special Services (must attach a copy of a signed IEP or 504):

- 504 Plan  Yes  No
- Special Education  Yes  No
  - If yes, what type of services  Academic Instruction  Academic Support  Speech-Language

**Parent Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

(Attach one current proof of residency document with your request (PG&E, Utility, Phone, Internet))

**Reason for Transfer**

- Change of Residence
- Child Care Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- High School Senior
- Employment in Requested District (must attach employment verification letter)
- Other \_\_\_\_\_

**Conditions:**

- Interdistrict Transfer Requests must be approved by district of residency and requested district.
- Requests which have been granted will be in force for one school year and will remain in force only if the student meets the attendance, behavior, and scholastic requirements of the district requested.
- Continuing interdistrict transfer students must reapply each year

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Santa Clara Unified School District</b>	<b>District of Desired Attendance</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____  _____ Printed Name  _____ Signature of Authorized Official      Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____  _____ Printed Name  _____ Signature of Authorized Official      Date