



**Santa Maria-Bonita School District
INTERDISTRICT BOUNDARY AGREEMENT**

I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600)

PART A: PARENT REQUEST

(School Year Requested) (New / Renewal)

(Student First Name) (Student Last Name) (Student ID #) (Date of Birth)

(Requested School) (Requested District) (Grade Requested) (School Currently Attending)

(Parent/Guardian Full Name) (Home Street Address) (City) (Zip)

(Parent/Guardian Email Address) (Home/Mobile Phone Number)

(Father's Employer) (Employer's Address) (Work Phone)

(Mother's Employer) (Employer's Address) (Work Phone)

Reason for Application: (Include any special needs your child may have, including physical, curricular, or special education)

(Parent/Guardian Signature) (Date)

PART B: APPROVAL OR DENIAL BY DISTRICT OF RESIDENCE

- The transfer request is approved by the Governing Board of the District of Residence.
- Request for transfer is denied. _____

(Signature of Authorized Representative) (Date) (Title)

PART C: APPROVAL OR DENIAL BY DISTRICT OF ATTENDANCE

- The Governing Board of the District of Attendance approves the request for transfer.
- The Governing Board of District of Attendance denies the request for transfer. Reason is attached.

(Signature of Authorized Representative) (Date) (Title)

**PLEASE MAIL ORIGINAL TO: SMBSD, ATTN: INTERDISTRICT TRANSFERS, 708 S. MILLER ST., SANTA MARIA CA 93454
OR EMAIL TO BOUNDARY-EXCEPTIONS@SMBSD.NET**