



## **Interdistrict Transfer Supplementary Documentation: Specialized Program Affidavit**

Parents/guardians may request an Interdistrict Transfer (IDT) if their student has a legitimate interest in a particular educational program not offered in any of the schools in the District of Residence or there is no space in the District's existing specialized educational program. The Specialized Program must:

- Be offered in the student's grade level;
- Be a sequential course of study up to the highest grade level in the receiving district;
- Constitute at least 50% of each school day; and
- Be taught by educators with a specialized certification and/or training

Before and after school programs, a single course, and sports are not considered valid specialized programs. If granted, the IDT is only approved in so far as the student will participate in the specialized program.

Below is the required documentation that must be submitted along with an IDT transfer application form:

- Specialized Program Affidavit completed by administrator in Proposed District of Attendance including a copy of the flyer, brochure, or other informational material detailing the specialized program in which the student is interested.
- Letter from parent/guardian expressing the extent of the student's interest in the specialized program, and how the program is either unavailable or not comparable at the District of Residence.

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### **SECTION 1 (Page 1) (To be completed by parent/guardian )**

Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Proposed District of Attendance: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

**SECTION 2 (Page 2)** (to be completed by administrator in Proposed District of Attendance)

Date: \_\_\_\_\_ District of Attendance: \_\_\_\_\_

Name of Administrator Completing This Form: \_\_\_\_\_

Title of Administrator Completing This Form: \_\_\_\_\_

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

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

Name of Specialized Program: \_\_\_\_\_

Please describe the Specialized Program including the nature of the program, its duration and frequency, and the specialized certification/training required for any teachers/providers of the program.

- Check here to affirm that a program flyer, brochure, or informational material is also attached.

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Is there space for Student currently available in the Specialized Program (Select One):

- Yes
- No
- Other: \_\_\_\_\_

Please identify Student's enrollment/application status for the Specialized Program (Select One):

- Student has already been accepted to the Specialized Program
- Student has applied to the Specialized Program but not yet accepted
- Student has not applied to the Specialized Program
- Other: \_\_\_\_\_

**I declare under penalty of perjury that the information provided above is true and correct. I acknowledge that the information provided is also subject to verification by the District of Residence and/or District of Proposed Attendance.**

Administrator Signature: \_\_\_\_\_

Administrator Name (Printed): \_\_\_\_\_

Administrator Title: \_\_\_\_\_