



TRACY UNIFIED SCHOOL DISTRICT
1875 W. Lowell Avenue, Tracy, CA 95376
209-830-3280 phone/209-830-3284 fax

Interdistrict Attendance (IDA) Transfer Request for School Year: 20__ - 20__

Date of Request: _____

Parent/guardian: Please fill out one application for each student. As a resident of Tracy Unified School District and the parent/guardian of the student listed below, I am requesting his/her transfer out of the Tracy Unified School District.

Student's Name: _____ Date of Birth: _____

Student's Current School: _____ Current Grade: _____

Requested District: _____ Requested School: _____

Name of Parent/Guardian: _____ Signature: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

List other school-age children: _____

Table with 3 columns: Name, Grade, Current School

Does student receive special education services? Yes No Does student have a 504 plan? Yes No

Is student an English Language Learner? Yes No

Is student currently expelled, pending expulsion or expelled within the last year? Yes No

Reason for Transfer Request: (Check reason and explain fully) Request Type? New Renewal

1. Parent's employment is located within attendance boundaries of requested district. If checked, complete the following:

Parent's employer/Company Name: _____ Employer Phone: _____

Employer's Address: _____

2. Other _____

To be filled out by District of Residence

The IDA Transfer Request is denied. Reason: _____

This IDA Transfer Request is approved and referred to the Requested District for consideration. This IDA Request and an IDA Transfer Agreement (Form 2) will be sent to the Requested District with transcript, attendance and discipline information. Students in grades T K - 10 need to re-apply each year.

Signature of District Representative Title Date

Note that districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. Note that Interdistrict transfers may not be guaranteed for all siblings.

Disapproval by either district may be appealed to the San Joaquin County Office of Education within 30 days of denial. See www.sjcoe.org for Interdistrict Attendance Appeal Handbook, or call the San Joaquin County Office of Education(209)468-4800.



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Interdistrict Attendance Transfer Agreement (IDA) School Year: 20__ - 20__

The following student(s) reside in Tracy Unified School District boundaries. The Parent/Guardian has requested that the student(s) attend school outside the District of Residence. Tracy Unified School District has approved this request. If approved by the Requested District, this document is the **Interdistrict Attendance Transfer Agreement** between the two districts, subject to the terms listed below, and any applicable policies of either district. See Tracy Unified School District **Interdistrict Attendance Transfer Request** (IDA Form 1) for further information. Note that districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. See **Interdistrict Attendance Transfer Contract** (IDA Form 3) of the Requested District.

District of Residence: _____

Requested District: _____

Current School: _____

<u>Name of Student</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Requested School</u>
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Name of Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

District of Residence: Tracy Unified School District

_____ This agreement is approved under the provisions of Education Code 46600 for the duration of one school year

Signature of District Representative	Title	Date
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Requested District: _____ **School District**

_____ This Interdistrict Attendance Transfer Request is denied. Reason _____

_____ This agreement is approved under the provisions of Education Code 46600 for the duration of one school year.

_____ This agreement is approved under the provisions of Education Code 48204(b) (Allen Bill) based on annual verification of parent employment within the district boundaries.

Final approval of this Interdistrict Attendance Agreement is effective upon parent signature on IDA Transfer contract with requested district (IDA Form 3.)

Signature of District Representative	Title	Date
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If both districts approve this Interdistrict Attendance Transfer under Education Code 46600, the agreement is for the duration of one school year and student must re-apply every year. However, students entering grades 11 or 12 do not need to re-apply.

Note: This form will be sent to the Requested District and the parent by the District of Residence. Once the Requested District makes a determination, the Requested District will send this form to the parent and to the District of Residence. If approved by both districts, parent will sign an Interdistrict Attendance Transfer Contract (IDA Form 3) with the receiving district.

Disapproval by either district may be appealed to the San Joaquin County Office of Education within 30 days of denial. See www.sicoe.org for Interdistrict Attendance Appeal Handbook, or call the San Joaquin County Office of Education(209)468-4800