



**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
EDUCATIONAL SERVICES
1500 Lizzie Street
San Luis Obispo, CA 93401-3062
Phone: 805-549-1205 Fax: 805-549-9074**

**REQUEST FOR INTERDISTRICT TRANSFER
For the 2024-2025 School Year**

DEAR PARENT/GUARDIAN: Please complete a separate transfer request form for each child and submit to Assistant Superintendent for Educational Services at the above address or via fax.

Please note the following:

- the transfer process may take up to three weeks;
- student should not withdraw from his or her current school and should continue attending on a regular basis until approval process is complete; and
- release from San Luis Coastal Unified School District, if approved by the Assistant Superintendent for Educational Services, does not guarantee approval by the receiving district.

SLCUSD SCHOOL OF RESIDENCE: _____

DISTRICT REQUESTED: _____

SCHOOL REQUESTED: _____

NEW REQUEST **RENEWAL** **SPECIAL ED:** YES NO **IEP:** YES NO **504:** YES NO

STUDENT NAME: _____ MALE FEMALE NON-BINARY

BIRTH DATE: _____ AGE: _____ GRADE IN 2024 - 2025: _____

PARENT(S) NAME: _____

HOME ADDRESS: (Street) _____
(City, Zip Code) _____

MAILING ADDRESS, IF DIFFERENT: _____

TELEPHONE: (HOME) _____ (WORK) _____

REASON FOR REQUEST (Please explain completely your reasons for this request. Be sure to include any special needs that your child may have, including physical, curricular, or special education. Please submit any support documentation with this request or make it available upon request.)

I/WE CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE

PARENT SIGNATURE

DATE

PARENT SIGNATURE

[IF DIVORCED AND A JOINT CUSTODY SITUATION, BOTH PARENTS ARE REQUIRED TO SIGN]

DATE RECEIVED: _____ BY _____