



School Year (23/24 or 24/25): _____ School of Residence: _____

School Requested: _____ Grade Level Requested: _____

School the student is currently attending: _____

Student Name: _____ Student ID #: _____

Home Address: _____ Phone: _____

City: _____ Zip Code: _____

Parent/Guardian Full Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____ Date: _____

<p>List all siblings applying to the same school:</p> <p>Name: _____ Grade: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>In the event that not all my children are approved for a boundary exception transfer (select ONE):</p> <p>_____ I will accept this child's transfer</p> <p>_____ I will NOT accept this child's transfer and will keep all my children at their current school of attendance</p>
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Reason for Request: (include any special needs your child may have, including physical, curricular, or special education and indicate if any siblings currently attend the requested school)

IntraDistrict boundary exception requests are accepted during open enrollment. With few exceptions, requests received outside of open enrollment will not be considered. For open enrollment timeframes and a list of exceptions, please visit the SMBSD website (<http://www.smbsd.org/transfers>).

Return to: Student Housing Technician, 708 South Miller Street, Santa Maria
 Mail to: Santa Maria-Bonita School District, Attn: Intradistrict Transfers, 708 S. Miller St., Santa Maria, CA 93454
 Phone: 805-361-8278 e-mail: boundary-exceptions@smbd.net