

INTERDISTRICT TRANSFER REQUEST (*Outside FMSD*)
Franklin-McKinley School District

645 Wool Creek Drive San Jose, CA 95112
(408) 283-6149 Fax (408) 283-6141

District Requested: _____ **School Year** 20____ - 20____ ☐ NEW ☐ RENEWAL

Parent/Guardian Name: _____ HM Phone: _____ WK Phone: _____

Email: _____

Home Address: _____ Zip Code: _____

Name of Student	DOB	Grade	School Requested	Current School

Foster Care: ☐ Yes ☐ No

McKinney Vento: ☐ Yes ☐ No

Student currently pending disciplinary action under school expulsion order: ☐ Yes ☐ No

Please check off all the services your student currently receives and attach a copy of the current IEP or 504 Plan.

Special Day Class	Resource Specialist	Speech/Language	504	Other
☐	☐	☐	☐	☐

REASON FOR REQUEST

☐ **CHILD CARE:** Name of Provider: _____ Telephone: _____
Address: _____ City: _____ Zip: _____

The above child care provider is located within attendance boundaries of the district requested and is providing services to the student named above.

Provider Signature: _____ Date: _____

☐ **EMPLOYMENT:** Name of Employer: _____ Telephone: _____
Address: _____ City: _____ Zip: _____

***Must provide current pay stub or Human Resources verification letter.**

☐ **OTHER:** _____

*** See back for required documentation**

TERMS AND CONDITIONS

In making this request, I understand the following conditions: **1)** This request is subject to approval of both districts **2)** An Interdistrict Transfer Request (IDT) is granted or denied per the terms and conditions stipulated in board policy (*BP 5116.1*) **3)** IDT agreement ***is valid only for the school year granted*** and must be renewed annually **4)** A transfer may be revoked pursuant to E.C. 46600 and B.P. 5116.1 **5)** If an IDT agreement request is denied, the parent/guardian can appeal the decision to the Ed. Services, Assistant Superintendent within 14 calendar days from the date of the denial **6)** Students who are eligible for Special Ed. Services may be asked to obtain an IDT SELPA Agreement for Individuals with Exceptional Needs, in addition to the IDT **7)** No financial obligation shall be incurred by the district of residence for services rendered under this agreement **8)** Your student must be enrolled in their school of residence until you are notified that your transfer request has been approved **9)** I give permission for the district of residence (FMSD), and the district of desired attendance to receive copies of any student records necessary to evaluate my IDT and any appeals related to this request. **10)** *If this transfer is incomplete or the information is falsified, it will automatically be denied* **11)** ******TRANSPORTATION WILL BE THE RESPONSIBILITY OF THE PARENT******

I understand and agree to the above stated terms and conditions presented on this document.

I declare under penalty of perjury that the information provided above is true and accurate.

Signature of Parent/Guardian: _____

Date: _____

FRANKLIN-MCKINLEY SCHOOL DISTRICT [] Approved [] Denied Date: _____ Reason(s) _____ Authorized Representative: _____ Special Ed. Director: _____	DISTRICT REQUESTED [] Approved [] Denied Date: _____ Reason(s) _____ Authorized Representative: _____ Special Ed. Director: _____
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INSTRUCTIONS TO PARENT OR GUARDIAN

Complete all sections of the Interdistrict Transfer Request form and return it to the Enrollment Center.

Both districts must approve any Interdistrict Transfer Permit request in the following sequence:

- 1st by the District of Residence (sending) and
- 2nd by the Requested District of Attendance (receiving).

If the requested district approves the transfer, follow the enrollment guidelines of the requested District. All applications must include documentation to support each reason provided (see below). **Incomplete applications will not be processed.** Requests will be considered based on local board policies and on individual merit.

Reason for Request	Required Documentation
Child Care	▪ Letter from the adult, center or organization providing child care - Name, address and contact information of the adult, center or organization - Child care license number and fees, if applicable - Hours of operation for the center or organization, or hours that the student is under care - Length of time student has been under care by the adult, center or organization
Parent Employment (Allen Bill EC 48204)	▪ Proof of employment of all parents/guardians who are involved in the student's life on a day-to-day basis - Copy of recent pay stub - Letter on the employer's stationery verifying schedule (hours and days) and location of employment - If self-employed, letter stating schedule (hours and days) and location of employment ▪ Letter from parent/guardian explaining the circumstances that an interdistrict permit is necessary under parent employment reasons
Sibling	▪ Name, grade and school where the sibling attends/Copy of the sibling's last report card ▪ Copy of the sibling's release permit from the district of residence
Health & Safety	▪ Letter or report from a doctor, psychologist, or other appropriate person verifying health-related issues ▪ Police or school report supporting safety-related issues (if applicable) ▪ Bullying E.C. 48900 (r) ▪ Letter from parent/guardian explaining the circumstances that an inter-district permit is necessary under health and safety reasons
Specialized Program	▪ Copy of the flyer, brochure, or other informational material detailing the specialized program in which the student is interested ▪ Letter from the 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
Continuing Enrollment	▪ Copy of the student's last report card ▪ Letter from the parent/guardian stating the enrollment history (grade and school/district) of the student since kindergarten
Final Year	▪ Copy of the student's last report card
Change in Residence/Moving into the District	▪ Copy of escrow documents/rental agreement ▪ Written evidence that the family will be moving into the district in the immediate future and would like the student to start the school year in the district