



Evergreen School District

3188 Quimby Road San Jose, CA 95148 (408) 270-6800 – Fax (408) 274-3894

REQUEST FOR INTERDISTRICT TRANSFER

(Transfer outside of the Evergreen School District)

[] New [] Renewal 20____ - 20____ School Year District Requested _____

Parent/Guardian Name _____ Home Phone _____

Address _____ Zip Code _____ Work Phone _____

Name of Student	DOB	Grade	School Requested	Current School

Does any child above have Special Education/IEP/504/Healthcare Plan? [] Yes [] No **If yes, please indicate below and attach supporting documentation.**

Student Name	Special Day Class	Resource Specialist	Speech	504	Healthcare Plan	Other

REASON FOR THE REQUEST

Please check one or more of the reasons listed below:

1. [] CHILD CARE – Name of Provider: _____ Telephone _____

Address _____ City _____ Zip _____

2. [] EMPLOYMENT – Name of Employer: _____ Telephone _____

(in requested district)

Address _____ City _____ Zip _____

3. [] OTHER: _____

In making this request, I understand the following conditions: 1) Approval by both districts is required and granted on space availability. 2) The requested district may investigate the student’s attendance, behavior, and academic records before reviewing the request. 3) If granted, this approval **will be valid for the current school year only** and will remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested and must be renewed each school year. 4) If granted, the parent/guardian will be responsible for the student’s transportation to and from school. 5) If denied by Evergreen School District (ESD), and all appeal rights have been exhausted in ESD, the parent/guardian has the right to appeal the decision to the Santa Clara County Board of Education

If this transfer form is incomplete or the information is falsified, it will automatically be denied.

I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.

Signature of Parent/Guardian _____ Date _____

Parent Email Address: _____

EVERGREEN SCHOOL DISTRICT [] Approved [] Denied Date _____ Authorized Representative _____ [] Verification of District Residency [] Special Education Authorization (if applicable)	DISTRICT REQUESTED [] Approved [] Denied Date _____ Reasons: _____ Authorized Representative _____
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For ESD Office Use Only: Date _____ Initials _____
Email /Hand Carry/Mail _____
Special Ed. Dept. _____

Return Original to: Evergreen School District
3188 Quimby Road
San Jose, CA 95148