



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue

San Jose, CA 95127

(408) 928-6945

INTERDISTRICT ATTENDANCE TRANSFER REQUEST

District Requested: _____ School Year: _____ NEW RENEWAL

PARENT/STUDENT INFORMATION

Name of Parent (Please Print) _____ Date _____

Name of Student(s)	Birthdate	Grade	School Requested	Alum Rock Boundary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REASON FOR REQUESTING INTERDISTRICT TRANSFER

Residency Based on Employment - *Employment letter of verification required*

Employee: _____ Employer: _____

Address: _____ City: _____ Phone: _____

Child Care Provider - *Notarized letter of verification required*

Name: _____ Phone: _____

Address: _____ Zip: _____

Former/Future Resident Address: _____ Date of Move: _____

Last Year Privilege

Other (explain in detail): _____

PARENT/GUARDIAN STATEMENT

In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request; 3) if granted, this permit will be active for one (1) school year and will remain active only if the student meets the attendance behavior and academic requirements of the district requested; 4) if the permit is granted, the above student and I will be expected to cooperate with the school personnel; 5) if the permit is granted, I will be responsible for the student's transportation to and from school; and 6) if the request is denied by the district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education. 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.

Parent/Guardian Signature: _____ Home Phone: _____ Work Phone: _____

Address: _____ Apt #: _____ Zip: _____

SPECIAL EDUCATION

Name of Student	Birthdate	Grade	RSP/Speech/Other (specify)
_____	_____	_____	_____
_____	_____	_____	_____

Approved Denied Date: _____ Director of Special Education: _____

OFFICE USE ONLY

District of Residence

Approved Denied

District of Request

Approved Denied

Authorized Representative _____ Date _____

Signature and Title _____ Date _____