



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

1500 Lizzie Street San Luis Obispo, CA 93401-3062
Phone: 805-549-1205 Fax: 805-549-9074

Request For Interdistrict Transfer 2025-2026 School Year

Please complete a separate transfer request form for each child and submit to Assistant Superintendent for Educational Services at the above address or via email Deb Maxwell at dmaxwell@slcusd.org.

Please note the following

- The transfer process may take up to three weeks;
- The 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: _____

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Special Ed <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	504 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student Name: _____ Male Female Non-binary

Birth Date: _____ Age: _____ Grade in 2025-2026: _____

Parent(s) Name: _____

Home Address: (Street) _____

(City, Zip Code) _____

Mailing Address, if different: _____

Email Address: _____ Cell/Contact # _____

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.

_____	_____	_____
Parent Signature	Parent Signature	Date

*If Divorced AND a joint custody situation, **BOTH** Parents are required to sign*

Date Received: _____ By _____