411 Oceana Boulevard
Pacifica, California 94044
(650) 738-6600 *(phone)*
www.pacificasd.org

PREPARING STUDENTS FOR AN EVOLVING WORLD

Cabrillo ✶ Ingrid B. Lacy ✶ Ocean Shore
Ortega ✶ Sunset Ridge ✶ Vallemar

INTERDISTRICT TRANSFER APPLICATIONS

THIS FORM IS TO BE USED WHEN A PACIFICA SCHOOL DISTRICT RESIDENT IS REQUESTING A TRANSFER TO A DIFFERENT SCHOOL DISTRICT

FOLLOW THESE DIRECTIONS CAREFULLY ~ INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

STUDENT INFORMATION

- Please print clearly – complete all information
- Give the grade level of the student during the school year for which you are applying
- Complete the **special education section** – check NO if your child does not receive special education services. Check ***YES*** if your child is already receiving special education services. Check the type of service: Resource Specialist, Special Day Class, Speech, etc**. and attach a copy of the current IEP.**

REASON FOR TRANSFER

- Preference or convenience is not a valid reason for transfer. Agency provided childcare may be considered if they offer services not available in the Pacifica School District area. Childcare reasons must be verified. Transfer Applications will be considered on a case-by-case basis.

CHILD CARE SECTION

- Complete the Child care portion if that is the reason for the request.
- Have the provider sign the application on the declaration line even if he/she is a member of the family.

RETURNING THE APPLICATION

- **Attach current documentation of your residency within the Pacifica School District boundaries**
- Return the original application to:
  Pacifica School District
  Student Services
  411 Oceana Boulevard
  Pacifica, CA 94044
- Transfers are only valid for one school year only. **You must renew annually.**
- Applications for the upcoming school year can be submitted beginning in January.
- Please contact Student Services at (650) 738-6606 with any questions regarding the application.

Transfers approved by the Pacifica School District will be sent to the requested district of attendance. You will receive confirmation from the requested district of attendance.

PACIFICA SCHOOL DISTRICT

STUDENT SERVICES DEPARTMENT – 411 OCEANA BOULEVARD – PACIFICA, CA 94044 – (650) 738-6606

INTERDISTRICT TRANSFER APPLICATION FOR GRADES TK-8

Transfer Request for school year _____ Transfer Request is _____ New _____ Renewal

Print in Ink or Type - Incomplete applications cannot be processed - Any falsification of information invalidates this application

Student Information

Student's Name: _____ Grade level**:** _____

Student's Address: _____ Birth Date: _____

Current School of Attendance _____ Current District: _____

School Desired:_____ in School District: _____

Parent /Guardian: _____Home Phone: _____Cell Phone: _____

Parent/Guardian's Address: _____

Parent/Guardian: _____Home Phone: _____Cell Phone: _____

Parent/Guardian's Address: _____

EMAIL: _____

Is student under an expulsion order or pending an expulsion? _____

Does your child have a 504 Plan? _____ If yes**, attach current plan**.

Is the student eligible or enrolled in special programs? _____ If yes, check all services that apply **and attach current IEP**:

Resource Specialist _____ Special Day Class _____ Speech/Language _____ Other service: _____

Reason for Transfer

Reason(s) for Transfer (be complete -attach separate sheet if necessary) _____

_____

_____

Child Care Information (if applicable):

Is Child Care Located within Attendance Boundaries of the Requested School District? _____

_____ Is this a family member? _____

Child Care Provider's Name

_____

Address City / Zip

_____

Telephone Number Child Care Hours

_____

Child Care Provider's Signature

1. **Attach current documentation of residency within Pacifica School District boundaries (recent utility bill, tax statement)**
2. **Interdistrict transfers are for one school year only. You must reapply annually.**
3. **Revocation of a permit may result from falsification of information stated on the permit application, unsatisfactory attendance, behavior, violation of school rules, or poor academic achievement.**
4. **Initial requests may be denied if school facilities are overcrowded at the relevant grade level or based on other considerations that are not arbitrary.**

➔ Parent/Guardian Signature _____ Date _____

For District Use

DISTRICT OF RESIDENCE: Pacifica School District.

_____

Signature of Authorized Official Date

_____ Approved _____ Denied

Reason:

DISTRICT OF ATTENDANCE: _____

_____

Signature of Authorized Official Date

_____ Approved _____ Denied

Distribution: Original: Pacifica School District Copy: Requested District

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