JEFFERSON SCHOOL DISTRICT
1219 WHISPERING WIND DRIVE
TRACY, CA 95377
209-836-3388
IDA Form 1

Interdistrict Attendance (IDA) Transfer Request for School Year:

Parent/guardian: Please fill out one application for each student. As a resident of JEFFERSON SCHOOL DISTRICT and the parent/guardian of the student listed below, I am requesting his/her transfer out of the JEFFERSON SCHOOL DISTRICT.

Date: _____
Student's Name: _____ Date of Birth: _____

Student's Current School: _____ Current Grade: _____

Requested District: _____ Requested School: _____

Name of Parent/Guardian: _____Signature: _____

Address: _____ City: _____Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

List other school-age children: _____ _____ _____
Name Grade Current School

_____ _____ _____
Name Grade Current School

Does student receive special education services? Yes No Does student have a 504 plan? Yes No
Is student an English Language Learner? Yes No
Is student currently expelled, pending expulsion or expelled within the last year? Yes No

Reason for Transfer Request: (Check reason and explain)

1._____Parent's employment is located within attendance boundaries of requested district. If checked, complete the following:

Parent's employer/Company Name: _____Employer Phone: _____

Employer's Address: _____

2._____ Other: _____
_____

To be filled out by District of Residence
____The IDA Transfer Request is denied. Reason: _____

_____

_____**This IDA Transfer Request is approved** and referred to the Requested District for consideration. This IDA Request and an IDA Transfer Agreement (Form 2) will be sent to the Requested District with transcript, attendance and discipline information. Students in grades K – 10 need to re-apply each year.

_____
Signature of District Representative Title Date

Note that districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. Note that Interdistrict transfers may not be guaranteed for all siblings.
Disapproval by either district may be appealed to the San Joaquin County Office of Education within 30 days of denial. See www.sjcoe.org for Interdistrict Attendance Appeal Handbook, or call the San Joaquin County Office of Education (209) 468-4800.

JEFFERSON SCHOOL DISTRICT
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TRACY, CA 95377
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IDA Form 2

Interdistrict Attendance Transfer Agreement (IDA) School Year:

The following student(s) reside in JEFFERSON SCHOOL DISTRICT boundaries. The Parent/Guardian has requested that the student(s) attend school outside the District of Residence. JEFFERSON SCHOOL DISTRICT has approved this request. If approved by the Requested District, this document is the **Interdistrict Attendance Transfer Agreement** between the two districts, subject to the terms listed below, and any applicable policies of either district. See JEFFERSON SCHOOL DISTRICT **Interdistrict Attendance Transfer Request** (IDA Form 1) for further information. Note that districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. See **Interdistrict Attendance Transfer Contract** (IDA Form 3) of the Requested District.

District of Residence: _____ Requested District: _____

Current School: _____

Name of Student	Date of Birth	Grade	Requested School
_____	_____	_____	_____

Name of Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

District of Residence: JEFFERSON SCHOOL DISTRICT
_____ This agreement is approved under the provisions of Education Code 46600 for the duration of one school year

_____
Signature of District Representative Title Date

Requested District: _____
_____ This Interdistrict Attendance Transfer Request is denied. Reason _____

_____

_____ This agreement is approved under the provisions of Education Code 46600 for the duration of one school year.
_____ This agreement is approved under the provisions of Education Code 48204(b) (Allen Bill) based on annual verification of parent employment within the district boundaries.
Final approval of this Interdistrict Attendance Agreement is effective upon parent signature on IDA Transfer contract with requested district (IDA Form 3.)

_____
Signature of District Representative Title Date

If both districts approve this Interdistrict Attendance Transfer under Education Code 46600, the agreement is for the duration of one school year and student must re-apply every year. However, students entering grades 11 or 12 do not need to re-apply.

Note: This form will be sent to the Requested District and the parent by the District of Residence. Once the Requested District makes a determination, the Requested District will send this form to the parent and to the District of Residence. If approved by both districts, parent will sign an Interdistrict Attendance Transfer Contract (IDA Form 3) with the receiving district.

Disapproval by either district may be appealed to the San Joaquin County Office of Education within 30 days of denial. See www.sjcoe.org for Interdistrict Attendance Appeal Handbook, or call the San Joaquin County Office of Education (209)468-4800.