# OCEAN VIEW SCHOOL DISTRICT

Student Services
17200 Pinehurst Lane
Huntington Beach CA 92647

# INTERDISTRICT TRANSFER REQUEST

School Year 2026 – 2027

☐ New ☐ Renewal ☐ Male ☐ Female

| Student Name: (Last) (First) | | Birthdate: | Grade: (in 2026-2027) |
|---|---|---|---|
| Parent/Guardian: | | Home/Cell Phone: | |
| Address: Apt.#: | | Work Phone: | |
| City: | Zip Code: | Email: | |
| Sibling: | Sibling Grade: (in 2026-2027) | Sibling School of Attendance: (in 2026-2027) | |

The above student is: ☐ Currently under an Expulsion order ☐ Previously Retained (Grade Retained _____)
**(Please check ☑ all that apply)** ☐ Special Education Services (IEP) ☐ 504 ☐ GATE

| Resident School: | Resident District: Ocean View School District |
|---|---|
| Current School: | Current District: |
| Requested School: | Requested District: |

| Reason for Request: | Documentation Needed: |
|---|---|
| ☐ Child Care | - Child Care Agency: Provide proof of payment or letter on agency letterhead<br>- Private Home: Provide a note and a copy of a current utility bill (gas/light/water) from the child care provider |
| ☐ Parent Employment | Provide a copy of a paycheck stub or a letter from your employer on business letterhead |
| ☐ Other: Please explain Extraordinary Circumstance below | |

**PARENT/LEGAL GUARDIAN AFFIDAVIT**

**I have legal custody over the above-mentioned student and have the authority to make this request. I understand that Interdistrict Transfer Requests are approved based on space availability. This transfer request is for the child named above and does not imply transfer approval for a sibling this year or any future year.**

- If this transfer is approved, I agree to provide safe and timely transportation to and from school for my child.
- **I understand that Interdistrict Transfers are valid for one school year only and must be renewed annually and are not guaranteed for renewal from year to year.**
- I understand that the terms and conditions by which this Interdistrict Transfer may be approved or denied are established by the school district of residence and the school district of attendance.

I understand that the terms and conditions by which this Interdistrict Transfer may be revoked are established by the school district of attendance. I certify that all information I have provided to the Ocean View School District relating to this Interdistrict Transfer Request is true and correct.

**Parent/Guardian Signature** _____ **Date** _____

If the Interdistrict Transfer Request is denied, you will be notified regarding the process for an appeal at the District level and/or to the County Board of Education. Only one Interdistrict Transfer Request may be submitted annually for the same student.

The Governing Boards of the following school districts agree that the attendance of regular students from the respective school districts covered by this agreement shall be credited to the district of attendance (EC 46607). No financial obligation shall be incurred by district of residence. **OVSD Interdistrict Transfers are valid for one school year only and must be renewed annually (EC 46600).**

| **Ocean View School District**: Approved Denied | **Receiving District:** Approved Denied |
|---|---|
| Date: | Date: |
| Authorizing Signature: | Authorizing Signature: |
| Comments: | Comments: |

DISTRIBUTION: OVSD (Original) Requested District (Copy)