

CORCORAN JOINT UNIFIED SCHOOL DISTRICT

ANDRE PECINA
DISTRICT SUPERINTENDENT



DR. ELYSA VARGAS
ASSISTANT SUPERINTENDENT

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APPLICATION FOR INTERDISTRICT TRANSFER
2026-2027 School Year

NEW [] RENEWAL [] DATE: _____
(Please attach a copy of current report card, transcript, discipline, and attendance records.)

Pupil's Name _____ Birthdate _____ Current Grade _____
Parent/Guardian Name _____ Hm Phone _____ Wk Phone _____
Address _____ City _____ Zip _____
Last School Attended _____ District _____
School of Residence _____ District _____
Requested School _____ District _____

What is/are the reason(s) for the request? (Check all that apply. Applicant must attach written documentation to justify the reason for the transfer request.)
_____ Parent Employment _____ Sibling _____ Health & Safety _____ Continuing Enrollment
_____ Complete Final Two Years at Current School _____ Proposed Change in Residence _____ Other (Specify in a letter)

_____ Yes _____ No Is the student currently pending disciplinary action or under an expulsion order?
_____ Yes _____ No Is the student a foster youth?

What special services has the student received? (Check all that apply and attach proof of enrollment in the program.)
_____ Section 504 _____ Special Education _____ English Language Learner _____ N/A

If student is receiving Special Education services, what services is he/she receiving? (Please attach most recent IEP.)
_____ Special Day (SDC) _____ Resource (RSP) _____ Non-Public School (NPS) _____ Pending Assessment
_____ Designated Instructional Services _____ N/A

Note: Participation in Sports - If the pupil participates in any athletic program governed by the California Interscholastic Foundation (CIF), he/she may not be eligible to participate at the new school. Parent/Guardian should check the CIF rules before submitting an application.

I have read the terms and conditions and understand the regulations and policies governing interdistrict transfer agreement and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation does not guarantee that the request will be approved. I understand that this agreement is for one school year only and must be renewed annually unless the student is continuing district enrollment into the 11th or 12th grade. I understand the agreement may be revoked during the year based on the terms and conditions listed on the back of this agreement.

Parent/Guardian Signature _____ Relationship to Student _____

School District of Residence: Corcoran Joint Unified School District

Decision: _____ Approved _____ Denied
Reason for the Denial _____

Authorizing Signature _____
Title: Superintendent _____ Date _____

Requested School District _____

Decision: _____ Approved _____ Denied
Reason for the Denial _____

Authorizing Signature _____
Title: _____ Date _____

INTERDISTRICT TRANSFER AND ATTENDANCE AGREEMENT

This Agreement is made between the Governing Boards of the resident and requested school districts in accordance with the provisions of Education Code section 46600 et seq. and Education Code section 35160. The school districts and parent(s)/pupil are referred to in this Agreement individually as a "Party" and collectively as the "Parties." This Agreement applies only to these parties. If the pupil moves out of the district of residence into another district, the parent/pupil must reapply for a new interdistrict transfer permit (ITP).

Terms of Agreement

The Parties agree as follows:

1. Effectiveness of Agreement. This Agreement shall become effective as soon as two (2) or more of the governing Boards of the Parties have ratified the Agreement. This Agreement is effective only with regard to students in grades 9-12 who are enrolled in grade levels mutually maintained by the Parties.
2. Term of Agreement. Pursuant to Education Code section 46600, subdivision (a), the term of this Agreement shall be effective on **July 1, 2025**, and shall terminate automatically on **June 30, 2026**, or before the pupil transitions to a new school, whichever is earlier. The Agreement will govern interdistrict transfers of the Parties' students for the term of the Agreement.
3. Reapplication Requirements. A pupil with an ITP must reapply for a new ITP before being promoted to high school or before transitioning from one school to another in the district. A pupil with an ITP to attend an alternative school in the district must reapply annually. In deciding whether to grant a subsequent ITP, in addition to the factors listed in sections 4 and 5, the district may require the pupil to have met the following standards: a 90% attendance rate, a 2.0 GPA, and a satisfactory discipline record (including no discipline issue for which the ITP could be revoked under paragraph 10).
4. Terms and Conditions for Permitting a Transfer by the District of Attendance. The Superintendent or designee of the district of attendance may approve an ITP for a student under this Agreement based upon any of the following reasons:
 - ____ Student is enrolled or accepted in a program not available in the district of residence;
 - ____ To meet the student's special mental, physical, educational, health, or safety needs as certified by a physician, school psychologist, or other appropriate school, medical, or law enforcement personnel;
 - ____ As set forth in EC 466600 (b), when school personnel have determined that pupil has been the victim of bullying,
 - ____ When recommended by the School Attendance Review Board, County Child Welfare, Probation, or a social service agency in documented cases of serious home or community issues that make it inadvisable for the student to attend in the district of residence,
 - ____ When a student has brothers or sisters concurrently attending the same requested school;
 - ____ When parent(s)/guardian(s) provide sufficient written evidence, as required by the district, that the family will be moving to a new district within 60 days and would like the student to start the year in the new district;
 - ____ To allow a student to remain in his/her current school within two years of graduation or promotion from that school;
 - ____ The pupil's desire to remain in his/her school of current attendance for the balance of the semester or school year despite his/her parent(s)/guardian(s) change of address;
 - ____ Parent/guardian employment inside the district (EC 48204). (This is a residency determination and may not be appealed);
 - ____ To meet the conditions of the Open Enrollment Act SBX 54 (Romero).
5. Terms or conditions for Denying a Transfer by the District of Attendance. The Superintendent or designee of the district or attendance may deny an ITP for a student under this Agreement based upon any of the following reasons:
 - ____ If school facilities are overcrowded at the relevant grade level,
 - ____ If district resources are limited,
 - ____ If district determines that pupil grades, attendance, or behavior are unsatisfactory for district program; or
 - ____ Any other consideration so long as it is not arbitrary.
6. Notice of Denial of Transfer. Written notice of the denial of an ITP shall be provided by the district denying the request. Written notice of the denial of an ITP shall, in all instances, advise the parent/guardian of the student whose ITP has been denied of all information required by Education Code section 46601.
7. District Appeal Process. A parent/pupil must exhaust all appeals within the district before he/she may appeal the denial of an interdistrict transfer to the County Board of Education. (EC 46601)
8. Transportation. Unless otherwise agreed to or provided for by law, a student attending a school other than his/her district of residence under this Agreement is not entitled to and shall not receive home-to-school transportation from either his/her district of residence or district of attendance.
9. Costs of Transfer Students. Unless otherwise specifically provided for by law, the costs associated with the education provided to and services rendered for transfer students under this Agreement shall not be the responsibility of the district of residence.
10. Terms for Revocation of an ITP. Except as otherwise limited herein, the Parties agree that an ITP may be revoked before the conclusion of the school year based upon the following grounds:
 - a. If a student does not maintain a 90% attendance rate and or a SARB has been held,
 - b. If a student does not maintain a 2.0 GPA,
 - c. If a student has any suspendable offenses and/or the pupil has a behavior support plan,
 - d. If a student is recommended for expulsion; or
 - e. If determined that information provided to support an ITP application is inaccurate, invalid, falsified, or no longer applies. However, once an ITP has been approved, the Superintendent or designee of the district of attendance may not revoke a student's ITP during the effective period of the ITP because of overcrowded facilities.

Updated 07/21/2025

Interdistrict Transfer – Statement of Reason

Please complete this form and attach it to the Interdistrict Transfer Application.

All information should be accurate and complete. Incomplete forms may delay processing.

Transfer Request Type

(Please check **one**)

- Requesting to **Transfer INTO** the District
- Requesting to **Transfer OUT OF** the District

Reason for Interdistrict Transfer Request

Please clearly explain the primary reason(s) for requesting this interdistrict transfer. Be specific and provide as much detail as possible.

Supporting Information (if applicable)

Please check any that apply and attach supporting documentation if available.

- Childcare needs
- Parent/guardian employment location
- Medical or mental health needs
- Safety concerns
- Academic program or services not available in current district
- Special education services (IEP/504)
- Sibling attending requested school
- Transportation considerations
- Other (please explain): _____

Acknowledgment

I understand that approval of an interdistrict transfer is subject to district policies, space availability, attendance, behavior, and academic standing. Submission of this statement does not guarantee approval.

- **Parent/Guardian Signature:** _____
- **Date:** _____

District Use Only

- **Date Received:** _____
- **Reviewed By:** _____
- **Decision:** Approved Denied Pending