

INTERDISTRICT TRANSFER APPEAL REQUEST FORM

An interdistrict transfer appeal request shall be received by the Santa Barbara County Education Office (SBCEO) within thirty (30) calendar days following the date of the final district denial. Late filing of this notice is good cause for denial of the appeal.

If there is more than one student in the family with a decision being appealed, please complete a form for each child and indicate below whether the appeals will be heard individually or as one (see the Interdistrict Transfer Appeal Guide for additional information).

Please complete this form, sign, date, and mail or deliver it with the supporting documents to:

Santa Barbara County Education Office
Attn: Elise Simmons, Child Welfare and Attendance
4400 Cathedral Oaks Road
Santa Barbara, CA 93110

Student Information	
Name:	
Birthdate:	Current Grade:
Address:	City:
	Zip Code:

School and District Information
District of Residence:
School of Residence:
District Student Currently Attends:
School Student Currently Attends and history of enrollment (e.g. number of years at the school and/grade level student was first enrolled):
District of Proposed Enrollment:

Parent/Guardian Information	
Name:	
Email:	Phone Number:
Address (if different from above):	City:
	Zip Code:

Attorney or Representative Information (not required)	
Name:	
Email:	
Address:	City:
	Zip Code:

For multiple appeals: ☐ My family would like separate hearings for each student ☐ My family would like ALL appeals in one hearing

Before answering the following questions, it is important that you read the Interdistrict Transfer Appeal Guide. The following questions may be answered directly in this document and/or a separate document. All questions must be answered. If something does not apply, please write, "Not applicable" as your answer.

- Reason for Requesting an Interdistrict Transfer:** Please explain why you are requesting that your child be allowed to attend a district other than the one in which you live. This answer may be the same as what you provided in your request for interdistrict transfer to the district of residence or proposed district of enrollment.

2. **District decision(s) being appealed** (select the situation that applies):

- ☐ Proposed district of enrollment denied the interdistrict transfer request
- ☐ District of residence denied the release of the student

In your own words, explain why you believe the district denied your request. You must attach documentation of the denial.

3. **Reconsideration efforts. Have you asked the district to reconsider the decision?**

- ☐ Yes ☐ No

If your answer is yes, list the **names and titles** of district staff you contacted, date(s) of contact (if known), and what happened. If your answer is no, please explain why you have not.

- [illegible]

Signature of Parent/Guardian:	Date delivered or mailed to SBCEO:
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