Portola Valley School District
4575 Alpine Road, Portola Valley, CA 94028
Phone: (650) 851-1777 Fax: (650) 851-3700

Interdistrict Transfer Agreement to Leave the Portola Valley School District

(Complete this form if you live within the Portola Valley School District and would like to apply for a transfer to another school district)

❑ **New** ❑ **Renewal**

District Requested: _____ **School Desired:** _____

This transfer is for the 20_____ / 20_____ school year. **Student grade level :** _____

A Transfer Agreement must be renewed annually.

_____ ❑ **M** ❑ **F**
Student Name **Last** **First**

_____ _____
Parent/Guardian **Daytime Phone**

_____
Address of student **Street** **City** **Zip**

Is the student eligible for, or enrolled in Special Education? ❑ **Yes** ❑ **No**
If Yes, please check type of service below:

❑ *Resource Specialist (RSP)* ❑ *Special Day Class (SDC)* ❑ *Speech/Language* ❑ *504 Plan*

❑ *Other:* _____

REASONS FOR THE REQUEST

Please check one or more of the reasons for the transfer request and add an explanation, if necessary.
Attach supporting documentation if required.

❑ *Child Care* ❑ *Change of Residence* ❑ *Other:*

Explanation: _____

PARENT/GUARDIAN STATEMENT

In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request; 3) if granted, this permit will be in force for one school year and will remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested; 4) if the transfer is granted, the student and parent/guardian will be expected to cooperate with school personnel; 5) if the transfer is granted, the parent/guardian will be responsible for the student's transportation to and from school, and 6) if the request is denied by either district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the San Mateo County Board of Education. I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.

_____ _____
Signature of Parent or Guardian **Date**

Portola Valley School District ❑ **Approved**

_____ _____ ❑ **Denied**
Superintendent or designee Date

Transfer School District ❑ **Approved**

_____ _____ ❑ **Denied**
Administrator Date