

Interdistrict Transfer Request for Schools of Santa Cruz County

<p>STEP 1: To be completed by parent/guardian. Return all copies to the District of Residence.</p> <p><input type="checkbox"/> New Request <input type="checkbox"/> Continuing Request</p>			
<h3>Student Information</h3>			
Transfer requested for: 20____ - 20____ <input type="checkbox"/> Current year <input type="checkbox"/> Future year		Date of Request:	Grade Requested:
Student's Full Name:		Birthdate:	
School District of Residence:	School of Attendance or Last Attended:		
School District of Desired Attendance:	School Requested: <i>(District retains the right to assign students to any school.)</i>		
Parent/Guardian Name:	Relationship to Student:		
Email Address	Contact Number:		
Address	City	Zip Code	
<h3>Student with an IEP or Section 504</h3>			
If the student has an Individualized Education Program (IEP) or Section 504 Plan, please attach a copy of the IEP or Section 504 Plan to this form.			
The student has an IEP or 504 plan, and the plan is attached to this form		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The student is currently being assessed for special education eligibility		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The student is currently being assessed for a Section 504 Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<h3>Student Behavior</h3>			
Has the student been suspended from school for one or more days during the past two school years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student facing an upcoming expulsion hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to the above questions, please explain when and why this occurred.			
<h3>Foster Youth or Experiencing Homelessness</h3>			
Foster youth & those experiencing homelessness have rights regarding enrollment. Is this student: A Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Experiencing Homelessness: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If Yes, please contact the Santa Cruz County Office of Education Foster Youth Services Coordinator at 831-454-5006 or the Homeless Project Coordinator at 831-466-5666 before submitting this form.</i>			

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Student's Full Name: _____

TERMS AND CONDITIONS

This interdistrict transfer agreement is valid only for the school year granted; the agreement expires at the end of each school year and must be renewed annually.

- This agreement may be revoked at any time by the district of attendance for any of the following reasons:
 - Student is excessively tardy or absent from school, or a student is brought to school excessively late or leaves excessively early.
 - Student fails to uphold appropriate behavior standards.
 - Student has poor academic performance.
 - Insufficient space in the school and/or grade level.
 - False or misleading information was provided.
 - Students or parents/guardians fail to follow school rules.

- Approval is subject to space availability in the district and may not be at the site requested.
- The timeline for completing this process varies depending on the grade level and reason for the IDT.
- In some cases, a final decision for approval may not be made until late summer and possibly after school begins.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.
- The parent/guardian is responsible for providing transportation to and from school.
- *Students entering grades 11 and 12 in the subsequent school year shall not have their agreements rescinded by either district.*

Parent Initials Required: _____

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STEP 2: To be completed by the District of Residence	STEP 3: To be completed by the requested District of Attendance
Date received:	Date received:
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____ Authorizing Signature: Title: Date:	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____ Authorizing Signature: Title: Date: