

SACRAMENTO COUNTY SCHOOL DISTRICTS  
APPLICATION FOR INTERDISTRICT TRANSFER  
FOR SCHOOL YEAR 20\_\_ - 20\_\_

\_\_\_\_\_ New Application (Attached copy of current report card to verify academic or grade level) \_\_\_\_\_ Renewal

Pupil's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Last School Attended \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

School of Residence \_\_\_\_\_ District \_\_\_\_\_

Requested School \_\_\_\_\_ District \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

Is the pupil enrolled in special education due to a learning, physical, or mental disability? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, attach a copy of the pupil's current IEP. Also answer the following questions:

Is this application for interdistrict transfer being made by the request of the Special Education Department? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the pupil currently expelled from a school? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what is the name of the school district that ordered the expulsion?

District Name \_\_\_\_\_

What is the beginning and ending dates of the expulsion order: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**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 this application.

BY MY SIGNATURE BELOW, I certify that to the best of my knowledge the information provided in this application is true and correct. If this application is approved; I understand and agree that the requested school district will not provide transportation to the pupil to attend the requested school. I understand and agree that the approval of this application for interdistrict transfer may be revoked at any time if the pupil fails to comply with the school's rules regarding pupil behavior, attendance, including arrival/departure times, and academic standards. (Parent/Guardian must designate in writing an adult to pick up pupil under special circumstances; i.e., accident, illness, suspension, and adjusted day schedule.) I further understand that, if approved, the interdistrict attendance permit is valid for the school year indicated above and that it must be renewed each year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

INTERDISTRICT ATTENDANCE PERMIT  
FOR SCHOOL YEAR 20\_\_ - 20\_\_

RESIDENT SCHOOL DISTRICT: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_ REQUESTED SCHOOL DISTRICT: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_

Authorized Signature (Resident School District) \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature (Requested School District) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature (Resident SELPA) \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature (Requested SELPA) \_\_\_\_\_ Date \_\_\_\_\_

SPECIAL EDUCATION ONLY: (IPSU to be transferred) SDC/0 \_\_\_\_\_ SDC/1 \_\_\_\_\_ SDC/2 \_\_\_\_\_ RSP \_\_\_\_\_ DIS \_\_\_\_\_

(ATTACH ANY ADDITIONAL COMMENTS PERTAINING TO REQUEST/DENIAL)

• Parent has the right to appeal the denial of an inter-district transfer request to the County Board of Education only after verification that appeal within the district(s) have been exhausted (E.C. 46601).