

SPRECKELS UNION SCHOOL DISTRICT
130 Railroad Ave
P.O. Box 7362
Spreckels, CA 93962

School Year _____ - _____
New _____
Renewal _____ (check one)

INTERDISTRICT TRANSFER REQUEST

School Requested _____ District _____

School of Residence _____ District _____

Student Name(s):

Last Name	First	Date of Birth	Grade	Enrolled in Special Education?
_____	_____	_____	_____	yes/no
_____	_____	_____	_____	yes/no
_____	_____	_____	_____	yes/no

Child Care Parent Employment Special Program Recent/Pending Move Best Interest of Student Other

Specific reason for request: _____

If reason is **WORK RELATED**, please state employer's Name, Address, and Phone number (This information will be verified by the Spreckels Union School District: : Name _____

Address _____ Zip _____ Phone # _____

If reason is **CHILD CARE**, please state child care provider's Name, Address, and Phone Number (This information will be verified by the Spreckels Union School District: Name _____

Address _____ Zip _____ Phone # _____

Interdistrict Agreements may be cancelled at any time during the school year due to any one of the following conditions:

1. Student will not be enrolled at the requested school until the Interdistrict Agreement is approved by both Districts;
2. Interdistrict Agreements may be canceled during the school year due to class size, or to unsatisfactory attendance, scholastic progress, or student behavior (as per student handbook and/or school policies);
3. Interdistricts Agreement applications are approved for one school year only;
4. Failure of parent/guardian to resubmit an Interdistrict Agreement each year for renewal;
5. Submission of incorrect information;
6. Repeated loitering on campus before and/or after school hours;
7. Failure to maintain the criteria used as a basis for the Interdistrict Agreement.

My signature below indicates that I have read, understood and will abide by the above conditions. I also hereby certify that, under penalty of perjury established by the laws of the State of California, the above information is true and correct. I understand that the school officials may verify the information on this application. Incorrect Information will cause this agreement to be revoked.

Parent Signature _____ Date _____

Print Parent Name(s) _____ Work Phone _____ Home _____

Address _____ City _____ Zip _____

Email address _____

DISTRICT OF RESIDENCE

_____ School District
ACTION: _____ Approved _____ Denied

Conditions: _____

BY: _____

Date: _____

DISTRICT OF ATTENDANCE

_____ School District
ACTION: _____ Approved _____ Denied

Conditions: _____

BY: _____

Date: _____