



# INTERDISTRICT TRANSFER REQUEST

*Requests must be completed annually*

20\_\_ - 20\_\_ SCHOOL YEAR

New School Year Grade: \_\_\_\_\_

New Student  Returning Student

**PART A: PARENT/GUARDIAN completes this section and returns to school district of residence.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ County: \_\_\_\_\_

School Presently Attending or Last Attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School District of desired attendance: \_\_\_\_\_ County: \_\_\_\_\_

**Important:** Each school district in Kern County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits which may or may not include reasons listed below. After reviewing the policies of your district of residence and the district of desired attendance, check the reason for requesting the interdistrict attendance permit. Attach a written explanation or documentation where requested.

**Reason for request:**

- Mental or physical health and/or safety needs (attach statement from physician, psychologist, juvenile authority or appropriate school staff).
- Recommended by SARB and/or county agency for home or community problems (provide written documentation).
- Complete current school year or remain with a graduating class.
- Moving into district in the immediate future (provide written evidence).
- Other: \_\_\_\_\_

**For information purpose only and for the sole purpose of determining capacity and space issues;**

- Has this student or does this student currently receive special education or other special services? \_\_\_\_\_  
Describe: \_\_\_\_\_
- Is this student currently under expulsion order? \_\_\_\_\_ (If yes, attach copy.)

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that the interdistrict permit must be renewed annually. I understand that I am responsible for the transportation of my student. I further understand that, to maintain this permit, my student must comply with any terms and conditions set forth below and the academic, behavior, and attendance policy requirements of the district of desired attendance.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: SCHOOL DISTRICT OF RESIDENCE**

**Approved** Terms and conditions: \_\_\_\_\_

**Denied** Reason: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_ Board Meeting Date: \_\_\_\_\_

**PART C: SCHOOL DISTRICT OF DESIRED ATTENDANCE**

**Approved** Terms and conditions: \_\_\_\_\_

**Denied** Reason: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_ Board Meeting Date: \_\_\_\_\_

**RIGHT OF APPEAL RELATING TO INTERDISTRICT ATTENDANCE AGREEMENT REQUESTS**

As a parent or legal guardian you have the right, pursuant to Education Code section 46601, to appeal the denial of a request by either school district to the Kern County Board of Education. The appeal must be filed within 30 days of the denial of the Request for Interdistrict Attendance Permit.