



SANTA CLARA UNIFIED SCHOOL DISTRICT

1889 LAWRENCE ROAD, SANTA CLARA, CA. 95051

PHONE: (408) 423- 2110 FAX: (408) 423-2264

www.santaclarausd.org

INTER-DISTRICT ATTENDANCE TRANSFER REQUEST

NEW RENEWAL

SCHOOL YEAR REQUESTED: --

DISTRICT REQUESTED:

SCHOOL REQUESTED:

LAST NAME: FIRST NAME:

DATE OF BIRTH: / / GRADE: RESIDENT SCHOOL:

SERVICES (REQUIRED: ATTACH A COPY OF IEP OR 504 PLAN):

RESOURCE SPECIALIST PROGRAM (RSP) SPECIAL DAY CLASS (SDC) SPEECH 504 PLAN

OTHER: NONE

PARENT NAME: PHONE: CELL:

ADDRESS/CITY/STATE/ZIP:

PLEASE INCLUDE CURRENT PROOF OF RESIDENCY WITH YOUR REQUEST (PG&E, UTILITY, CREDIT CARD, PHONE, ETC.)

REASON FOR REQUEST (TRANSPORTATION WILL NOT BE PROVIDED):

HIGH SCHOOL SENIOR CHILD CARE (K-8 ONLY)

PROVIDER NAME: ADDRESS:

PHONE NUMBER: YEARS WITH SITTER:

CHANGE OF RESIDENCE

FORMER ADDRESS:

EMPLOYMENT IN REQUESTED DISTRICT (ED. CODE SECTION 48204 [F])

A LETTER ON COMPANY LETTERHEAD VERIFYING EMPLOYMENT MUST ACCOMPANY THIS REQUEST

EMPLOYED BY: PHONE:

BUSINESS ADDRESS:

OTHER

EXPLAIN:

This permit is for the current school year only. It is valid while conditions stated on the application are maintained. I understand that this agreement is subject to the approval of both districts and may be revoked at any time that the pupil's attendance, citizenship, or scholarship is no longer satisfactory to the school and district of attendance.

PARENT/GUARIDAN SIGNATURE: DATE:

SANTA CLARA UNIFIED SCHOOL DISTRICT

APPROVED DENIED

REASON:

BY: DATE:

ADMINISTRATOR, SPECIAL EDUCATION AND/OR STUDENT SERVICES

DISTRICT OF DESIRED ATTENDANCE

APPROVED DENIED

BY: DATE:

REASON:

PHONE: FAX:

WHITE: DISTRICT OF RESIDENCE - YELLOW: DESIRED DISTRICT - PINK: PARENTS