



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