



ORANGE COUNTY INTER-DISTRICT TRANSFER AGREEMENT

Must be completed by parent/guardian (Please Print)

New Renew

Transfer requested for : <input type="checkbox"/> Current school year <input type="checkbox"/> Next school year 20_____ - 20_____	Date of Request	Birth Date
Student Name (Last, First)	Current Grade	Grade in 2019-2020
Current or Last School of Attendance	Current or Last District of Attendance	
School of Residence	District of Residence	
School Requested	District Requested	
Parent/Guardian Name	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Email Address	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Address	City/Zip	
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What special services has the student received? <i>(Check all that apply and attach proof of enrollment in the special program.)</i> <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner		
If student is receiving Special Education services, what is their current placement? <i>(Please attach IEP for New Applications)</i> <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Pending Assessment <input type="checkbox"/> Other: _____		
What is/are the reason(s) for the request? <i>(Check all that apply and attach supporting documents)</i> <input type="checkbox"/> Elementary Child Care <input type="checkbox"/> Parent Employment <input type="checkbox"/> Sibling <input type="checkbox"/> Health & Safety <input type="checkbox"/> Specialized Program <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Complete Final Year at Current School <input type="checkbox"/> Change in Residence <input type="checkbox"/> Other (Attach supporting documents)		

I have read the terms and conditions and understand the regulations and policies governing inter-district transfer agreements and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation **DOES NOT** guarantee that the request will be approved. I understand that this agreement is ***for one school year only and must be renewed annually***. I understand the agreement may be revoked during the year based on the terms and conditions listed on the back of this agreement.

Parent/Guardian Signature _____ Relationship to Student _____

District of Residence

Decision: Approved Denied

Comments: _____

Authorizing Signature: _____

Title: Student Services Administrator

District: Saddleback Valley Unified School District

Date: _____

Proposed District of Attendance

Decision: Approved Denied

Comments: _____

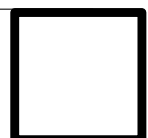
Authorizing Signature: _____

Title: _____

District: _____

Date: _____

Parent Initials indicate that terms and conditions have been read



TERMS AND CONDITIONS

- This inter-district transfer agreement is valid only for the school year granted; the agreement expires at the end of each school year and must be renewed annually.
- This agreement may be revoked at any time by the district of attendance for the following reasons:
 - Student is excessively tardy or absent from school, or student is brought to school excessively early or left excessively late.
 - Student fails to uphold appropriate behavior standards.
 - Student has poor academic performance.
 - Insufficient space in the school and/or grade level.
 - False or misleading information was provided.
 - Student or parent fails to follow school rules.
- Students entering grades 11 and 12 in the subsequent school year shall not have their agreements rescinded by either district.
- Approval is subject to space availability in the district and may not be at the site requested.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.
- Students who are eligible for Special Education Services may be asked to obtain an Inter/Intra-SELPA Agreement for Individuals with Exceptional Needs, in addition to the inter-district transfer agreement.
- No financial obligation shall be incurred by the district of residence for services rendered under this agreement.
- The parent/guardian is responsible for providing transportation to and from school.