



School Year Requested: 2021-2022

**For Grade:** \_\_\_\_\_

**Check One:**  New  Renewal

# INTERDISTRICT TRANSFER REQUEST

**Applications will be accepted between January 25, 2021 - April 30, 2021**

San Bruno Park School District  
500 Acacia Ave., San Bruno, CA 94066  
Ph: (650)624-3100 Fax: (650)266-9626

Please fill out one (1) form per student

Current School: \_\_\_\_\_ School District Requested: \_\_\_\_\_

Resident School: \_\_\_\_\_ School Requested: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Last Name) (First Name)

Street Address: \_\_\_\_\_ Apartment: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**What special services does the student currently receive? Check all that apply:**

Gifted (GATE)      Section 504      Speech/Language      Special Education (Copy of IEP required)

Is the student currently pending disciplinary action or under school expulsion order?    Yes    No    (EC 48915.1(a))

**Reason for Request:** \_\_\_\_\_

IF CHILD CARE RELATED	IF EMPLOYMENT RELATED
Agency Name/Provider Name	Employer Name
Agency Address/Provider Address	Employer Address
City, Zip	City, Zip
Agency/Provider Phone Number      Agency/Provider Hours	Employer Phone Number      Hours Worked per Week
<b>Child Care Declaration: The child care agency/provider is located within attendance boundaries of the requested School District and is providing services to the child named above.</b>  _____ <b>Child Care Provider's Signature</b> _____ <b>Date</b>	<b>Please attach a letter from your employer on company letterhead verifying employment within the requested school district boundaries of at least 20 hours per week.</b>

I have read the terms and conditions presented on this document and understand the regulations and policies governing interdistrict attendance permits and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. THIS REQUEST IS SUBJECT TO THE APPROVAL OF BOTH DISTRICTS AND IS VALID UNTIL THE END OF THIS SCHOOL YEAR ONLY. The application process IS NOT complete until the application is printed, signed by parent/guardian, and submitted to the Student Services department in the district office. A Permit may be revoked pursuant to E.C. 46600, B.P. 5111.1, and B.P. 5117.

## **TRANSPORTATION WILL BE THE RESPONSIBILITY OF THE PARENT**

**Parent/ Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ----- DISTRICT OFFICE USE ONLY -----

**SAN BRUNO PARK SCHOOL DISTRICT:**

APPROVED without Transportation  
DENIED

Reason \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature      Date

**RECEIVING SCHOOL DISTRICT:**

APPROVED without Transportation  
DENIED

Reason \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature      Date

## INSTRUCTIONS TO PARENT OR GUARDIAN

**Before submitting an Interdistrict Transfer Request, your child must be registered at their resident school**

Complete all sections of the Interdistrict Transfer Request form and return to the SBPSD District Office. Both districts must approve any Interdistrict Transfer Request form in the following sequence:

- 1st by the District of Residence (sending) and
- 2nd by the Requested District of Attendance (receiving).

If the requested district approves the transfer, follow the enrollment guidelines of the requested school.

**All applications must include documentation to support each reason provided (see below). Incomplete applications will not be processed.**

Requests will be considered based on local board policies and on individual merit.

Reason for Request	Documentation Required
Child Care	<ul style="list-style-type: none"> <li>▪ Letter from the adult, center or organization providing child care                             <ul style="list-style-type: none"> <li>- Name, address and contact information of the adult, center or organization</li> <li>- Child care license number and fees, if applicable</li> <li>- Hours of operation for the center or organization, or hours that the student is under care</li> <li>- Length of time student has been under care by the adult, center or organization</li> </ul> </li> </ul>
Parent Employment (Allen Bill EC 48204)	<ul style="list-style-type: none"> <li>▪ Proof of employment of all parents/guardians who are involved in the student's life on a day-to-day basis                             <ul style="list-style-type: none"> <li>- Copy of recent pay stub</li> <li>- Letter on the employer's stationery verifying schedule (hours and days) and location of employment</li> <li>- If self-employed, letter stating schedule (hours and days) and location of employment</li> </ul> </li> <li>▪ Letter from parent/guardian explaining the circumstances that an interdistrict permit is necessary under parent employment reasons</li> </ul>
Sibling	<ul style="list-style-type: none"> <li>▪ Name, grade and school where the sibling attends</li> <li>▪ Copy of the sibling's last report card or other official verification of enrollment in requested district</li> </ul>
Health & Safety	<ul style="list-style-type: none"> <li>▪ Letter or report from a doctor, psychologist, or other appropriate person verifying health-related issues</li> <li>▪ Police or school report supporting safety-related issues (if applicable)</li> <li>▪ Bullying E.C. 48900 (r)</li> <li>▪ Letter from parent/guardian explaining the circumstances that an inter-district permit is necessary under health and safety reasons</li> </ul>
Specialized Program	<ul style="list-style-type: none"> <li>▪ Copy of the flyer, brochure, or other informational material detailing the specialized program in which the student is interested</li> <li>▪ Letter from the parent/guardian expressing the extent of the student's interest in the specialized program, and how the program is either unavailable or not comparable at the district of residence</li> </ul>
Continuing Enrollment	<ul style="list-style-type: none"> <li>▪ Copy of the student's last report card or other school document verifying student's current enrollment</li> <li>▪ Letter from the parent/guardian stating the enrollment history (grade and school/district) of the student since kindergarten</li> </ul>
Final Year	<ul style="list-style-type: none"> <li>▪ Copy of report card or other official school document verifying student's current enrollment</li> </ul>
Change in Residence/ Moving into the District	<ul style="list-style-type: none"> <li>▪ Copy of escrow documents/rental agreement</li> <li>▪ Written evidence that the family will be moving into the district in the immediate future and would like the student to start the school year in the district</li> </ul>

### TERMS AND CONDITIONS

- An Interdistrict Transfer Request is granted or denied per the terms and conditions stipulated in board policy (*BP 5117*).
- Interdistrict Transfer Request for the following school year will be accepted effective January 16.
- Approval is subject to space availability in the district and may not be at the site requested.
- This Interdistrict Transfer Request agreement is valid only for the school year granted and **must be renewed annually**.
- If this transfer is approved, parent/guardian is required to provide safe and timely transportation (to and from school) for the student.
- If an Interdistrict Transfer Request is denied, the parent/guardian has the opportunity to appeal the decision to the Superintendent. The written statement of reason for appeal, along with any supplemental documentation, must be postmarked within 14 calendar days from the date of the denial. An appeal to the County Board Of Education may be made within 30 days and can only be accepted if it is verified that you have fully exhausted all appeals within the districts.
- Interdistrict Transfer Requests may be cancelled, revoked or denied at any time for the following reasons: 1) Issued in error; falsified information or documentation; 2) The student does not maintain acceptable standards of attendance and/or behavior as defined by the Student Conduct Code and/or maintain acceptable levels of academic achievement; 3) Excessively dropped off or picked up beyond regular school hours; 4) Changes in the Individualized Education Program (IEP), which the SBPSD cannot provide.
- No financial obligation shall be incurred by the district of residence for services rendered under this agreement.
- Please be advised that, in compliance with compulsory education law, your student must be enrolled in his/her school of residence until you are notified that your transfer request has been approved. We cannot be responsible for any decisions on the part of parents to keep their students out of school pending approval of a transfer.

**I understand and accept the above terms and conditions.**

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_