



Student Services and School Attendance
 1465 David E. Cook Way • Clovis, CA 93611-0574
 Phone: 559-327-9200 • Fax: 559-327-9222

Requested District: _____
 For school year: 20____ - 20____
 Date of Request: _____

INTERDISTRICT TRANSFER AGREEMENT/PERMIT

Parent/Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone Number: _____

Explain the reason(s) for the request for interdistrict transfer (you may attach additional pages) Verification is required and must be attached (*i.e. Letter from child care provider, proof of residence, Doctors notes*)

STUDENT'S LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE REQUESTED	*SPECIAL ED. YES/NO	*EXPULSION YES/NO	SCHOOL REQUESTED	RENEWAL YES/NO

*Please describe past or current Special Ed. Services or major discipline issues:

TERMS AND CONDITIONS

- This interdistrict transfer agreement/permit is valid only for the school year granted. The agreement/permit 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 desired attendance for the following reasons:
 - ◆ Student is excessively tardy, absent from school, or brought to school excessively early or left excessively late.
 - ◆ Student fails to uphold appropriate behavior standards or student had poor academic performance.
 - ◆ False or misleading information was provided.
 - ◆ Student fails to follow school rules.
 - ◆ Other: _____
- Approval is subject to space availability in the district of desired attendance and may not be at the requested school site.

I declare, under penalty of perjury under the laws of California that the information provides above is true and accurate. I have read the terms and conditions set forth below and understand the interdistrict transfer regulations and policies for both my district of residence and district of desired attendance. I understand that if approved, this permit is subject to the terms and conditions below and that this permit may be denied or revoked during the school year based on any violations of the terms and conditions set forth below. My signature below indicates my understanding that the sending and receiving school district may request student records before this transfer is processed.

Parent/Legal Guardian Signature: _____ Date: _____

District of Residence Approved Denied

School District: _____ Date: _____

Reason: _____

 Signature - Authorized Representative

District of Request Approved Denied

School District: _____ Date: _____

Reason: _____

 Signature - Authorized Representative

*If denied appeals may be made at Clovis Unified School District, Student Services and School Attendance Director first (559)327-9202. If no action is taken within 30 days, parent/ guardian has the right to appeal to the Fresno County Board of Education within 30 days of the denial date or failure to issue an IDT permit/ agreement – (559) 265-3003