ORCUTT UNION SCHOOL DISTRICT
INTER-DISTRICT BOUNDARY TRANSFER REQUEST
2023-2024

☐ I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)   ☐ **New**
☐ E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))   ☐ **Renewal**

STUDENT AND PARENT INFORMATION:

Student Name: _____   District Requested: _____

Date of Birth: _____   Grade Requested: _____   Male ☐   Female ☐   School Requested: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____   Cell Phone: _____   Work Phone: _____

Employer Name/Address: _____

SPECIAL SERVICES:

Does the student receive special services: Y   N   If yes, indicate services and provide documentation.

504 Plan ☐   Speech ☐   Special Day Class ☐   Resource ☐   Other: _____

REASON(S) FOR THE REQUEST:

Please check one or more reasons for the request. Attach supporting documentation if required.

☐   Change of Address – Date of Move   _____
☐   Sibling attending Requested School District

   Name _____   Grade: _____   School Attending: _____

☐   Other- Please explain (If necessary, use back of form for further explanation.)

_____

PARENT/GUARDIAN STATEMENT:

In making this Inter-District Boundary Agreement, I understand the following conditions:

1. Approval by both districts is required.
2. If granted, this Inter-District Boundary Agreement may require annual renewal.
3. Students may be required to change schools due to excessive school enrollment or the redrawing of attendance boundaries.
4. This Inter-district Boundary Agreement may be revoked at any time for unacceptable attendance, behavior issues and/or not adhering to school rules and policies.
5. Parent/Guardian is responsible for transportation to and from school.
6. If this request is denied, you have the right to appeal the decision to the Santa Barbara County Board of Education.

I hereby certify that the student and parent/guardian information provided above is accurate and I understand and agree to the above stated Inter-District Boundary Agreement conditions.

Parent/Guardian Signature: _____   Date: _____

DISTRICTS' DECISIONS:

DISTRICT OF RESIDENCE: Approved ☐ Denied ☐	**DISTRICT REQUESTED:** Approved ☐ Denied ☐
Reason(s) for decision, if denied: _____	Reason(s) for decision, if denied: _____
By: _____ Date: _____	By: _____ Date: _____
Title: _____	Title: _____

ORIGINAL TO: Orcutt Union School District, Attn: Enrollment Office, 500 Dyer Street, Orcutt, CA 93455   Phone: 805.938.8946 FAX: 805.938.8948