

REQUEST FOR INTERDISTRICT TRANSFER MARIN COUNTY, CALIFORNIA

PLEASE PRINT	USE A SEPARATE FORM FOR EACH CHILD	
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STUDENT'S NAME: _____

PART A: Parent/Guardian completes this section and returns to DISTRICT OF RESIDENCE

New Request **Renewal** (continuing transfer) School year _____ Grade Level _____
(for year requested) (for year requested)

I am requesting the transfer:

FROM	Name of District of Residence	Name of School Currently Attending	Grade
TO	Name of District of Desired Attendance	School Requested (District retains right to assign any school)	

Each school district in Marin County has a policy with locally determined criteria for accepting/denying/revoking interdistrict transfers which may or may not include the reasons listed below. After reviewing your local district policy, check the reason for requesting the transfer, and attach written supporting explanation and/or documentation, if necessary. District policy may allow for revocation of a permit for interdistrict enrollment based on such criteria as student behavior, attendance and academic performance. District policy may also allow for conditional approval, dependent on program capacity or class size limits.

Check reason:

- Complete current school year
- Child care _____
Name and address of provider
- Specific Program Needs such as independent study (please describe) _____
- Sibling Attending (Name, Grade Level & School) _____
- Other _____

Is this student currently under an "Expulsion Order"? Yes No If yes, please attach Expulsion Order.
 Has student been expelled in the past? Yes No
 Has the expulsion been expunged? Yes No If no, please attach expulsion order.
 Is your child currently under an order of suspension? Yes No If yes, please attach order of suspension.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ABOVE, INCLUDING THE REASON FOR REQUEST, IS TRUE AND ACCURATE. I UNDERSTAND THAT THIS COMPLETED FORM MAY BE RELEASED BY THE DISTRICT OF RESIDENCE TO THE DISTRICT OF DESIRED ATTENDANCE AND TO THE MARIN COUNTY OFFICE OF EDUCATION. I UNDERSTAND THAT THIS INFORMATION MAY BE VERIFIED, AND INACCURATE OR FALSE INFORMATION MAY SUBJECT MY REQUEST TO DENIAL OR REVOCATION. I ALSO UNDERSTAND THAT THE INTERDISTRICT TRANSFER REQUEST MUST BE RENEWED ANNUALLY. I UNDERSTAND THAT BOARD POLICY OF THE DISTRICT OF RESIDENCE MAY CONDITION CONTINUING APPROVAL OF THIS REQUEST ON STUDENT BEHAVIOR, ATTENDANCE AND ACADEMIC PERFORMANCE.

PLEASE PRINT	Parent/Guardian Names: _____	Date _____
Address _____		
Street	City	State Zip
Home phone _____	Work phone _____	

SIGNATURE OF PARENT/GUARDIAN

PART B: District completes

ACTION OF DISTRICT OF RESIDENCE
 Approved Conditional Approval Denied

Reason: _____

By: _____
Authorized Representative Date

Title: _____

ACTION OF DISTRICT OF DESIRED ATTENDANCE
 Approved Conditional Approval Denied

Reason: _____

By: _____
Authorized Representative Date

Title: _____

Terms of Conditional Approval: _____
Please Note: Both districts must identify the length of the approval period, which may be for a period of one to five school years, and make specific reference to board policies that set forth the terms and conditions under which the permit shall be granted or denied, revoked, or not renewed.