## ORANGE COUNTY INTERDISTRICT TRANSFER AGREEMENT



## STEP 1: To be completed by parent/guardian (please print)

Transfer requested for: Current school year Next school year 20 20		Student's Grade	Date of Request	
Student Name (Last, First)		Birth Date	Gender	
			□ M □ F	
Current or Last School of Attendance		Current or Last District of Attendance		
School of Residence		District of Residence OUSD		
School Requested		District Requested		
Parent/Guardian Name		Contact Number		
Email Address		Alternate Number		
Address		City/Zip		
Is the student currently pending disciplinary action or under an expulsion order?				
What special services has the student received? (Check all that apply and attach proof of enrollment in the special program.)				
☐ Gifted (GATE) ☐ Section 504 ☐ Special Education ☐ English Language Learner ☐ None				
If student is receiving Special Education services, what is their current placement? (Please attach IEP)				
Special Day (SDC) Resource (RSP) Speech or Vision Pending Assessment Other				
What is the reason for the request? Please provide supporting documentation.				
☐ Child of Parent on active Duty ☐ Verified Health & Safety				
I have read the terms and conditions and understand the regulations and policies governing interdistrict 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 the application and providing all the required documentation <b>DOES NOT</b> guarantee that the request will be approved. I understand that this agreement is <b>for one school year only</b> 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			
STEP 2: District of Residence STEP 3: Proposed District of Attendance				
Decision: Approved Denied	Decision: Approved Denied			
Special Education: Approved (funding not to follow) Denied	Special Education: $\square$ Approved $\square$ Denied			
Comments:				
Authorizing Signature:	Authorizing Signature:			
Title: Executive Director, SCS Date: T	ïtle:		Date:	

## **TERMS AND CONDITIONS**

- This interdistrict 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.
  - Students or parents fail 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 interdistrict 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.

Parent Initials: Required	