

**REQUEST FOR INTERDISTRICT TRANSFER ATTENDANCE FORM**

**2018 – 2019 SCHOOL YEAR**

Please Complete **One Form Per Child**

**Foresthill Union School District  
24750 Main Street  
Foresthill, CA 95631**

Out of County

Placer County Schools

PLEASE READ THE FOLLOWING PRIOR TO COMPLETING FORM:

If your child is identified and receiving Special Education services, **DO NOT** complete this form. Initiate the IEP process at your child's local school of attendance for possible transfer procedure. Special Education may include, but is not limited, to the following services: Special Day Class, Resource Specialist, Speech and Language Therapy, Adaptive Physical Education.

New Applicant

Renewal

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian Address (if different from above) \_\_\_\_\_

Parent/Guardian Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Resident District \_\_\_\_\_ School \_\_\_\_\_

Requested District \_\_\_\_\_ School \_\_\_\_\_

Reason for Request:  Child Care \_\_\_\_\_

Other \_\_\_\_\_

- 1) If approved, this application must be renewed each year.
- 2) This agreement may be revoked for violations of district rules and/or school rules related to discipline/behavior/attendance.
- 3) Transportation is not provided and is the responsibility of the undersigned.
- 4) High school athletes must check with an administrator.
- 5) Are you currently under an expulsion order?  Yes  No  
If Yes, from which school/district? \_\_\_\_\_

Parent/Guardian (please print name) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Resident SD Office Use Only

Granted  Denied

\_\_\_\_\_  
Resident District Superintendent's Signature

Dated \_\_\_\_\_

For Requested SD Office Use Only

Granted  Denied

\_\_\_\_\_  
Requested District Superintendent's Signature

Dated \_\_\_\_\_