

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
(530) 367-2966*

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 Grade _____ Student Birthdate _____

Student's Name _____

Physical Address _____

Mailing Address (if different) _____

Parent/Guardian Address (if different from above) _____

Parent/Guardian Phone: Home _____ Work _____ Other _____

Resident District _____ School _____

Requested District _____ School _____

Reason for Request: *Please describe reason(s) in detail. Use additional paper, or attach other documentation if needed.*

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, and/or attendance.
- 3) Transportation is not provided and is the responsibility of the undersigned.
- 4) Is the student currently under an expulsion order? Yes No
If yes, from which school/district? _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

ACTION OF RESIDENT DISTRICT: Granted Denied

Resident District Superintendent's Signature: _____ Date _____

ACTION OF REQUESTED DISTRICT: Granted Denied

Requested District Superintendent's Signature _____ Date _____