

**REQUEST FOR INTERDISTRICT TRANSFER ATTENDANCE FORM**

**2019 – 2020 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 \_\_\_\_\_