

Interdistrict Transfer Request for Schools of Santa Cruz County

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|---|--|--|---|
| STEP 1: To be completed by parent/guardian. Return all copies to the District of Residence. <input type="checkbox"/> New Request <input type="checkbox"/> Continuing Request | | | |
| Student Information | | | |
| Transfer requested for: 20__ - 20__ <input type="checkbox"/> Current year <input type="checkbox"/> Future year | | Date of Request: | Grade Requested: |
| Student's Full Name: | | Birthdate: | |
| School District of Residence: | | School of Attendance or Last Attended: | |
| School District of Desired Attendance: | | School Requested: <i>(District retains the right to assign students to any school.)</i> | |
| Parent/Guardian Name: | | Relationship to Student: | |
| Email Address | | Contact Number: | |
| Address | | City | Zip Code |
| Student with an IEP or Section 504 | | | |
| If the student has an Individualized Education Program (IEP) or Section 504 Plan, please attach a copy of the IEP or Section 504 Plan to this form | | | |
| The student has an IEP or 504 plan and the plan is attached to this form | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The student is currently being assessed for special education eligibility | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The student is currently being assessed for a Section 504 Plan | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Student Behavior | | | |
| Has the student been suspended from school for one or more days during the past two school years? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the student facing an upcoming expulsion hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the student under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "yes" to the above questions, please explain when and why this occurred? | | | |
| Foster Youth or Experiencing Homelessness | | | |
| Foster youth & those experiencing homelessness have rights regarding enrollment. Is this student: A Foster Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Experiencing Homelessness: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>If Yes, please contact the Santa Cruz County Office of Education Foster Youth Services Coordinator at 831-454-5006 or the Homeless Project Coordinator at 831-466-5666 before submitting this form.</i> | | | |

Interdistrict Transfer Request for Schools of Santa Cruz County

Student Who is a Victim of Bullying or a Child of Active Military Duty Parent

A student who is a victim of an act of bullying or who is a child of an active military duty parent has certain rights with respect to interdistrict transfers. (See Educ. Code, § 46600, subd. (d).) "Victim of an act of bullying" means a pupil that has been determined to have been a victim of bullying by an investigation and the bullying was committed by any pupil in the school district of residence, and the parent of the pupil has filed a written complaint regarding the bullying with the school, school district personnel, or a local law enforcement agency. "Active military duty parent" means a parent with full-time military duty status in the active uniformed service of the United States, including members of the National Guard and the State Guard on active duty orders.

Is this student:

A victim of an act of bullying: Yes No

A child of an active military duty parent: Yes No

Reason(s) for Request. Provide documentation where requested.

- Complete current school year or remain with a graduating class
- Siblings attending (name, grade, and school) _____
- Mental or physical health and/or safety needs (Attach statement from physician, psychologist, juvenile authority or appropriate school staff)
- Recommended by the School Attendance Review Board (SARB) and/county agency for home or community problems (provide written documentation)
- Moving into district in the immediate future (provide written evidence)
- Child care (name, address, phone of provider) _____
- Specialized or unique educational program (describe)
- Parent/Guardian is employed by the School/District
- Other _____

*I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that the information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that the district of desired attendance may request attendance, behavior, and academic progress from prior schools. I understand that I am responsible for the transportation of my student. I further understand that to maintain this permit, my student must comply with the terms and conditions of the district's attendance agreement, if any, which include but are not limited to those terms and conditions set forth above, and the academic, behavior and attendance policy requirements of the district of desired attendance. I understand that this agreement **is for one year only** and must be renewed annually. I further understand that neither district may rescind an existing permit for a student entering grades 11 or 12 in the subsequent school year. Unless other arrangements have been made, should the student not enroll or attend within 20 days of the first day of school, this agreement will be null and void.*

Signature of Parent/Guardian

Date

Important: Each school district in Santa Cruz County has a local policy and criteria for accepting or denying requests for interdistrict attendance permits, which may or may not include the reasons listed below. The district of desired attendance may request attendance, behavior, and academic progress from prior schools. After reviewing the policies of your district of residence and the district of desired attendance, check the reason for requesting the interdistrict attendance permit. The timeline of completing this process varies depending on the grade level and reason for the IDT. In some cases, a final decision for approval may not be made until late summer, and possibly after school begins.

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Student's Full Name: _____

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 any of the following reasons:
 - Student is excessively tardy or absent from school, or a student is brought to school excessively late or leaves excessively early.
 - 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.
- 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.
- The parent/guardian is responsible for providing transportation to and from school.
- *Students entering grades 11 and 12 in the subsequent school year shall not have their agreements rescinded by either district.*

Parent Initials Required : _____

| STEP 2: To be completed by District of Residence Date received: | STEP 3: To be completed by requested District of Attendance Date received: |
|---|---|
| Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____ _____ | Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____ _____ |
| Authorizing Signature: Title: Date: | Authorizing Signature: Title: Date: |

Distritos Escolares del Condado de Santa Cruz

Solicitud de Permiso para Asistencia Entre Distritos

PASO 1: Padre/Tutor completa esta sección y devuelve todas las copias al distrito escolar de residencia. Nueva Solicitud Solicitud Continua

Información del Estudiante

| | | |
|--|---|----------------------|
| Para el año escolar: 20__ - 20__ <input type="checkbox"/> Año corriente <input type="checkbox"/> Año futuro | Fecha de Solicitud: | Grado Solicitado: |
| Nombre del Estudiante: | | Fecha de Nacimiento: |
| Distrito Escolar de Residencia: | Escuela de Asistencia o Última Asistencia | |
| Distrito Escolar Deseado: | Escuela Preferida: <i>(El distrito se reserva el derecho de asignar a un estudiante a cualquier escuela.)</i> | |
| Nombre del Padre/Tutor: | Relación con el estudiante: | |
| Correo Electronico: | Teléfono: | |
| Dirección: | Cuidad: | Código postal: |

Estudiante con un IEP o Sección 504

Si el estudiante tiene un Programa de Educación Individualizado (IEP) o un Plan de la Sección 504, adjunte una copia del IEP o del Plan de la Sección 504 a este formulario.

El estudiante tiene un IEP o un plan 504 y el plan se adjunta a este formulario Sí No

El estudiante está siendo evaluado actualmente para la elegibilidad de educación especial. Sí No

El estudiante está siendo evaluado actualmente para un Plan de la Sección 504 Sí No

Comportamiento del Estudiante

| | | | |
|---|---|---|---|
| ¿El estudiante ha sido suspendido de la escuela por uno o más días durante los últimos dos años escolares? <input type="checkbox"/> Sí <input type="checkbox"/> No | ¿El estudiante se enfrenta a una próxima audiencia de expulsión? <input type="checkbox"/> Sí <input type="checkbox"/> No | ¿Está el estudiante bajo una orden de expulsión? <input type="checkbox"/> Sí <input type="checkbox"/> No | ¿El estudiante ha sido expulsado alguna vez? <input type="checkbox"/> Sí <input type="checkbox"/> No |
|---|---|---|---|

Si respondió "sí" a las preguntas anteriores, explique cuándo y por qué ocurrió esto.

Distritos Escolares del Condado de Santa Cruz

Solicitud de Permiso para Asistencia Entre Distritos

Importante: Cada distrito escolar en el condado de Santa Cruz tiene una política y criterios locales para aceptar o denegar solicitudes de permisos de asistencia entre distritos, que pueden o no incluir los motivos enumerados a continuación. El distrito de asistencia deseada puede solicitar asistencia, comportamiento y progreso académico de escuelas anteriores. Después de revisar las políticas de su distrito de residencia y el distrito de asistencia deseada, verifique el motivo por el cual solicita el permiso de asistencia interdistrital. El cronograma para completar este proceso varía según el nivel de grado y el motivo del IDT. En algunos casos, es posible que no se tome una decisión final para la aprobación hasta fines del verano, y posiblemente después de que comiencen las clases.

Nombre completo del estudiante: _____

TÉRMINOS Y CONDICIONES

- Este acuerdo de transferencia entre distritos es válido solo para el año escolar otorgado; el acuerdo vence al final de cada año escolar y debe renovarse anualmente.
- Este acuerdo puede ser revocado en cualquier momento por el distrito de asistencia por cualquiera de las siguientes razones:
 - El estudiante llega excesivamente tarde o se ausenta de la escuela, o un estudiante llega a la escuela demasiado tarde o se va demasiado temprano.
 - El estudiante no cumple con los estándares de comportamiento apropiados.
 - El estudiante tiene bajo rendimiento académico.
 - Espacio insuficiente en la escuela y/o nivel de grado.
 - Se proporcionó información falsa o engañosa.
 - Los estudiantes o los padres no siguen las reglas de la escuela.
- La aprobación está sujeta a la disponibilidad de espacio en el distrito y puede que no sea en el sitio solicitado.
- Si el estudiante participa en cualquier programa atlético regido por la Federación Interescolar de California (CIF), es posible que no sea elegible para participar en la nueva escuela. El padre/tutor debe consultar las reglas de CIF antes de enviar este acuerdo.
- El padre/tutor es responsable de proporcionar el transporte hacia y desde la escuela.
- Los estudiantes que ingresen a los grados 11 y 12 en el año escolar subsiguiente no tendrán sus acuerdos rescindidos por ninguno de los distritos.

Se requieren las iniciales de los padres: _____

| | |
|--|--|
| PASO 2: Para ser completado por Distrito de Residencia Fecha de recepción: _____ | PASO 3: Para ser completado por el distrito de asistencia solicitado Fecha de recepción: _____ |
| Decisión: <input type="checkbox"/> Aprobado <input type="checkbox"/> Denegado | Decisión: <input type="checkbox"/> Aprobado <input type="checkbox"/> Denegado |
| Comentarios: _____ _____ | Comentarios: _____ _____ |
| Firma Autorizada: Título: Fecha: | Firma Autorizada: Título: Fecha: |