



Request for Interdistrict Transfer

PLEASE PRINT and USE A SEPARATE FORM FOR EACH CHILD

Part A: Parent/guardian completes this section and returns it to the District of Residence.

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_

STUDENT'S PHYSICAL ADDRESS: \_\_\_\_\_

[ ] New Request [ ] Renewal School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_
(For year requested) (For year requested)

I am requesting the transfer:

FROM: Big Pine Unified School District TO: \_\_\_\_\_
(District of residence) (District of desired attendance)

NOTE: All school districts in Inyo County observe a policy with specific criteria for accepting/denying interdistrict transfers which may or may not include the reasons listed below. After reviewing this policy, check the reason for requesting the transfer and attach a written supporting explanation and/or documentation, if necessary.

Mark reason(s):

- [ ] Complete current school year
[ ] Child care (EC 48204[a]) \_\_\_\_\_
(Name and address of provider)
[ ] Specific educational needs (please describe) \_\_\_\_\_
[ ] Specific program needs (please describe) \_\_\_\_\_
[ ] Sibling attending (name, grade level & school) \_\_\_\_\_
[ ] Parent/Guardian works in district of desired attendance (EC48204[b])
[ ] Other \_\_\_\_\_

Does this student receive special education services or other special services?

[ ] Yes [ ] No If yes, please attach I.E.P.

Is this student currently under an "Expulsion Order and/or an Expulsion Order is pending"?

[ ] Yes [ ] No If yes, please attach the Expulsion Order.

Big Pine Unified School District  
Request for Interdistrict Transfer

*I declare under penalty of perjury that the information provided on page 1, including the reason for request, is true and accurate. I understand that this completed form may be released by the District of Residence to the District of Desired Attendance and to the Inyo County Office of Education. I understand that this information may be verified, and inaccurate or false information may subject my request to denial or revocation. I also understand that the Interdistrict Transfer Request may be renewed annually.*

**PLEASE PRINT**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_

Parent/Guardian Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Part B:** (District Completes)

Action of District of Residence

- Approved
- Conditional Approval
- Denied

Action of District of Desired Attendance

- Approved
- Conditional Approval
- Denied

Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_  
(Authorized Representative)

Title: \_\_\_\_\_  
(Authorized Representative)

Terms of conditional approval: \_\_\_\_\_

## **PARENT'S RIGHTS**

### **Relation to Interdistrict Attendance Agreement Requests**

As a parent or legal guardian, you have a right to:

- ✦ Request an Interdistrict Attendance Agreement from your District of Residence.
- ✦ Receive a written copy of local school board policy relating to Interdistrict Attendance Agreement requests from both the district of your residence and the district you desire to have your student attend.
- ✦ Discuss your situation with your local district superintendent or appointed designee.
- ✦ Request the opportunity to appeal an adverse decision from the district superintendent or designee to your local school board in person. This appeal may be in person or in writing.
- ✦ Receive written notice of local board action or superintendent's decision acting on behalf of the board within a period of time specified by local policy.
- ✦ Appeal to the Inyo County Board of Education after both district appeals have been exhausted. Please call 760/878-2426 for appeal procedures.

### **NOTE:**

Completed Request for Interdistrict Transfer form is to be returned to the District of Residence.