SONOMA COUNTY INTERDISTRICT TRANSFER AGREEMENT



STEP 1: To be completed by parent/guardian (please print)

| Transfer requested for: Curr | rent school year | | Student's Grade | Date of Request | |
|---|---|---|---|--|--|
| | 20 | 20 | | | |
| Student Name (Last, First) | | | Birth Date | | |
| Current or Last School of Attendance | | Current or Last District | Current or Last District of Attendance | | |
| School of Residence | | | District of Residence | | |
| School Requested | | | District Requested | | |
| Parent/Guardian Name | | | Contact Number: | lome | |
| Email Address | | | Contact Number: | lome | |
| Address | | | City/Zip | City/Zip | |
| Is the student currently pending disciplinary action or under an expulsion order? | | | | | |
| Does this student currently receive special education or other special services, such as section 504? (Attach current IEP or 504 plan) | | | | | |
| Yes, Section 504 | • | oes Not Apply | | | |
| What is/are the reason(s) for | the request? Please provide written docum | entation/evidence. | (Check all that apply) | | |
| ☐ Bullying (priority given) | ☐ Child Care ☐ Sibling | ☐ Health & Safe | ety | Specialized Program | |
| ☐ Continuing Enrollment | Complete Final Year at Current School | ☐ Proposed Ch | ange in Residence |] Other | |
| Recommended by SARB | ☐ Change in Social Environment | | | | |
| verified and that inaccurate or fastudent. I further understand that which includes but is not limited desired attendance. <i>I understan</i> e | ry under the laws of California, that the information alse information may subject my request to der at, to maintain this permit, my student must cord to those terms and conditions set forth below details the interdistrict attendance permit must understand that neither district may rescind an e | ial or revocation. I un mply with the terms a and the academic, be be renewed annuall | nderstand that I am respo and conditions of the distre havior, and attendance po y, if the above listed distri | nsible for the transportation of my ricts' attendance agreement, if any, plicy requirements of the district of cts have an attendance agreement | |
| Parent/Guardian Signature | | | Date | | |
| STEP 2: District of Re | sidence | STEP 3: Pro | posed District of A | Attendance | |
| District: | | District: | | | |
| Decision: Approved Denied | | Decision: Approved Denied | | | |
| Comments: | | Comments: | | | |
| Ву: | | | | | |
| Title/Phone: | | Title/Phone: | | | |
| Authorized Signature: | | Authorized Signature: | | | |

IMPORTANT: If the interdistrict transfer agreement is <u>approved</u> by the district of residence (Step 2), the parent/guardian is responsible for submitting a copy of the approved application to the proposed district of attendance (Step 3).

PARENTS RIGHTS AND DUTIES

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

- Request an interdistrict attendance agreement from your district of residence. If one or both parents or legal guardians are
 employed within the boundaries of a school district that is not their district of residence, they may be eligible for residency
 with the district in which their place of employment it located, pursuant to the "Allen Bill," at Education Code section
 48204(b). This form should not be used to meet residency requirements under the Allen Bill. Additionally, this form should
 not be used for enrollment into a charter school.
- Receive a written copy of local school board policy relating to interdistrict attendance agreement requests from both the district of residence and the district you desire to attend. These policies stipulate the school boards' policies with regard to granting, denying, and revoking interdistrict attendance permits.
- Receive a written copy of the Districts' Attendance Agreement, if any, which stipulates the written agreement between the districts with regard to interdistrict attendance permits.
- Discuss your situation with your local district superintendent or appointed designee.
- If applicable, appeal an adverse decision to the school board denying the permit request, pursuant to that school board's policies, and receive written notice of local board action within a period of time specified by the board policy.
- Appeal a school district's decision regarding a request for interdistrict transfer to the Sonoma County Board of Education. Such an appeal must be filed within 30 calendar days of the date of the school district's final denial. Please refer to governing board policy for further information.
- Students with disabilities may not be discriminated against in the interdistrict transfer process. Information collected related to a student's disability should be used only to determine capacity in special education programs and/or if a school district would need to create a new program to serve a student.

You are encouraged to review the relevant school districts' governing board policies for further information and any additional rights.

TERMS AND CONDITIONS

- This Interdistrict Attendance Permit is valid only for the school year/s granted. This Permit expires at the end of the duration granted by both districts, and must be renewed prior to its expiration. A district may not require renewal for a student entering grades 11 and 12.
- This Permit may be revoked at any time by the district of attendance pursuant to their policies and regulations.
- 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 the school of attendance.

Wilmar Union School District/Wilson School Addendum to Request for Inter-District Attendance Permit

| s pa | rents or guardians of | in our desire to | | |
|-------|--|--|--|--|
| ave (| our child attend Wilson School agree to the following: | | | |
| 1. | Maintain an attendance rate of at least 95% with no unexcused absences and be on time 95% of the days. Any absence of three days or more must be verified by a doctor's note indicating the nature of the illness. I understand that chronic tardiness, more than 10, may mean a revocation of this agreement. | | | |
| 2. | Maintain a grade point average of 2.0 or higher in any school term grades or making annual grade level progress. (NOTE: This contra revoked if a lack of academic progress is a direct result of an identification requires special education services. However, a student is expected toward Individualized Education Program (IEP) goals.) | act shall not be fied disability that | | |
| 3. | Demonstrate positive, productive behavior in class and on school grounds, before, during and after school and have no suspension types of behaviors. Multiple instances of conduct violation or school suspension during this contract period may result in the evocation of the Inter-district Attendance Permit by the Wilmar Union School District. | | | |
| 4. | Additional requirements/conditions: | · | | |
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| | vided that my child abides by the above regulations of this contract orded all privileges accorded to students in the Wilmar Union Scho | | | |
| I h | ave read the above provisions and agree to abide by them. | | | |
| Par | ent/Guardian Signature Date: | ٠ | | |
| Bo | ard Adopted May 14, 2015 | | | |