

INTER/INTRA DISTRICT TRANSFER AGREEMENT



Date Received: _____

Transfer Requested For: <input type="checkbox"/> Current School Year <input type="checkbox"/> Next School Year		<input type="checkbox"/> Inter-district <input type="checkbox"/> Intra-district	<input type="checkbox"/> New <input type="checkbox"/> Renew
Student Name (Last, First)		Requested Grade	Birthdate
Parent/Guardian Name	Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address	Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Address	City/Zip		
Current or Last School of Attendance	Current or Last District of Attendance		
School of Residence	District of Residence		
Requested School	Requested District		
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What special services has the student received? <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> English Language Learner			
If student is receiving Special Education Services, what is the current placement? <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Resource Specialist Program (RSP) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Pending Assessment <input type="checkbox"/> Other:			
What is/are the reason(s) for the request? <i>(Check all that apply)</i> <input type="checkbox"/> Child Care <input type="checkbox"/> Parent Employment <input type="checkbox"/> Sibling enrolled in District <input type="checkbox"/> Change of Residence <input type="checkbox"/> Specialized Program <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Complete Final Year at Current School <input type="checkbox"/> Other:			

I understand the Inter/Intra-District Attendance Agreement is conditional upon: **1) Student obeying school rules and maintaining good attendance, good citizenship and passing all courses.** 2) Class sizes not exceeding maximum allowed by statute or contract. 3) Maintaining no negative balances on any accounts including but not limited to cafeteria, and library/textbook. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application DOES NOT guarantee that the request will be approved. I understand that this agreement must be renewed annually for some school districts and **transportation is the responsibility of the parent/guardian.** I understand the agreement may be revoked during the year based on the terms and conditions listed above.

New incoming students to the Wheatland School District must sign the Agreement on the reverse side of this form.

Parent/Guardian Signature _____

For Office Use Only			
RESIDENT DISTRICT		REQUESTED DISTRICT	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Superintendent/Designee		_____ Superintendent/Designee	
Date: _____		Date: _____	