

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT
 EDUCATIONAL PLACEMENT CENTER
 555 FRANKLIN STREET, ROOM 100
 SAN FRANCISCO, CA 94102
 Telephone: (415) 241-6085**

School year _____ - _____

New Request _____

Renewed Request _____

REQUEST FOR INTERDISTRICT TRANSFER AGREEMENT PERMIT

Student Name _____ Birthdate _____ Grade _____ Racial/Ethnic _____

Address _____ Home Phone # _____

Street _____ Zip _____ Work Phone # _____

Current School _____ Requested School _____ District requested _____

Is student receiving Special Education Services or other Special Services? Yes No.
 If yes, is student in Resource Specialist Program Special Day Class Other _____ *Please Attach I.E.P.*

Reason for Request: _____

*Childcare Provider _____

Address _____

City, Zip _____

Phone No: _____

**Employer Name _____

Address _____

City, Zip _____

Phone No _____

Work schedule _____

***Attach statement from sitter**

****Attach verification of employment in requested district**

NOTE: IMPORTANT INFORMATION

1. **This Agreement covers only one school year. You must reapply annually.**
2. **If this student requires new or additional special education services, the SFUSD MUST BE informed prior to testing and this permit will be reviewed.**
3. The District of Attendance reserves the right to revoke this agreement for any individual student whose behavior, citizenship, and/or attendance fails to meet their standards.
4. District of attendance to claim ADA for revenue purposes (no tuition billed) for Regular Education students. Exchange of funding for Special Education Students to be agreed upon by both districts on case by case basis.

MOTHER/GUARDIAN (print) _____ FATHER/GUARDIAN (print) _____

PARENT/GUARDIAN SIGNATURE: _____ Date _____

FOR DISTRICT OF ATTENDANCE USE ONLY ONLY

This agreement, made and entered into this _____ day of _____, 200____, pursuant to Education Code chapter 5, Section 46600, by the Governing Board of the San Francisco Unified school District of San Francisco County, and the _____ School District of _____ County hereby give permission for the above-named pupil to attend _____ school in the Second-named District during the school year ending June _____, 200_____.

Taken by: _____ Date: _____ OISCHOOL _____

District of Residence (S.F.U.S.D.) _____

Signature (Authorized Official) _____

Title _____

Date _____ Approve _____ Deny _____

District of Attendance: _____

Signature (Authorized Official) _____

Title _____

Date _____ Approve _____ Deny _____

Reason for Denial: Non-compliance with Court-Ordered Consent Decree Appropriate placement available in San Francisco Other _____