

This form is for residents of San Francisco who wish to attend school in another district.

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

School year 20__ - 20__

New Request__
Renewed Request__

REQUEST FOR INTERDISTRICT TRANSFER AGREEMENT PERMIT

Student name Last First Birthdate Applying for Grade Race/Ethnicity
Address Number Street Apt Zip Home 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 I.E.P. must be attached

Reason for Request:

If request is for Childcare or Employment reasons, complete the following:

Childcare Provider Employer Name
Address Address
City, Zip City, Zip
Phone No: Phone No
Work schedule

NOTE: IMPORTANT INFORMATION

- 1. This Agreement covers only one school year. You must reapply annually.
2. If an Interdistrict Contract has been signed by both districts, the district of attendance may reserve the right to revoke this permit for any student whose behavior, citizenship, attendance and/or academic progress fails to meet their standards

MOTHER/GUARDIAN (print) FATHER/GUARDIAN (print)
Work/Cell phone # Work/Cell phone #

PARENT/GUARDIAN SIGNATURE: Date

- District of attendance to claim ADA for revenue purposes (no tuition billed) for General Education students.
For students receiving Special Education Services, an InterSELPA agreement will need to be signed by the SELPAs to which both the district of attendance and the district of residence are members prior to this Interdistrict Permit's approval.
If this student requires new or additional special education services, or change in service, subsequent to date of approval of this permit, SFUSD MUST BE informed prior to the IEP meeting, and invited to the IEP meeting, and this permit will need to be reviewed.

FOR DISTRICT OF ATTENDANCE USE ONLY ONLY

This agreement, made and entered into this day of, 20, 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, 20.

Taken by: Date: HO#

District of Residence (S.F.U.S.D.) District of Attendance:
Signature (Authorized Official) Signature (Authorized Official)
Title Title
Date Approve Deny Date Approve Deny

Non-Discrimination Policy

San Francisco Unified School District programs, activities, and practices shall be free from discrimination based on actual or perceived race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics.

If you believe you have been discriminated against, immediately contact the school site principal and/or Executive Director of the Office of Equity, Ruth Diep, at (415) 355-7334 or diepr@sfusd.edu. A copy of SFUSD's uniform complaint policy is available upon request.

Reason for Denial: Appropriate placement available in San Francisco Other
Distribution: White -SFUSD Gold- District of Attendance Pink- Parent (after signed by both districts)