

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 Grade Racial/Ethnic
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 Please Attach I.E.P.

Reason for Request:

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

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

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)

Work phone # Work phone #

PARENT/GUARDIAN SIGNATURE: Date

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

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