BAYSHORE ELEMENTARY SCHOOL DISTRICT
155 Oriente Street, Daly City, CA 94014
P: 415.467.5443 F: 415.467.1542

IMPORTANT INFORMATION
School Year: 20_____ to 20_____
New Request _____ Renewal _____
(PLEASE CHECK ONE)

REQUEST FOR INTERDISTRICT TRANSFER AGREEMENT
(PLEASE PRINT INFORMATION CLEARLY)

NOTE: IMPORTANT INFORMATION

1. THIS AGREEMENT COVERS ONLY ONE SCHOOL YEAR. YOU MUST REAPPLY ANNUALLY.

2. THE DISTIRCT OF ATTENDANCE RESERVES THE RIGHT TO REVOKE THIS AGREEMENT FOR ANY INDIVIDUAL STUDENT WHOSE GRADES, CITIZENSHIP, BEHAVIOR, AND/OR ATTENDANCE FAIL TO MEET SCHOOL DISTRICT STANDARDS. YOU HAVE A RIGHT TO APPEAL TO THE GOVERNING BOARD OF EITHER SCHOOL DISTRICT IF THIS FORM IS NOT APPROVED.

Student Name: _____ **Birthdate:** _____ **Applying for Grade:** _____
Last **First**

Address: _____ **Parent/Guardian Contact#:** _____

Current School: _____ **Requested School:** _____ **Requested District:** _____

Is this student receiving Special Education Services? _____YES _____ NO If yes, indicate services: _____ Speech _____ R.S.P _____ SDC

_____ Other, _____ *Please Attach I.E.P

Is this student involved in a pending disciplinary action? _____ YES _____ NO

***BESD WILL NOT REIMBURSE THE NON-RESIDENT DISTRICT FOR SPECIAL EDUCATION COSTS. BESD HAS THE APPROPRIATE SPECIAL EDUCATION PROGRAMS, RELATED SERVICES, AND PLACEMENT FOR THIS STUDENT.**

***IF THIS STUDENT REQUIRES NEW OR ADDITIONAL SPECAL EDUCATION SERVICES, OR CHANGE IN SERVICE, SUBSEQUENT TO DATE OF APPROVAL OF THE PERMIT, BESD MUST BE INFORMED PRIOR TO THE IEP MEETING, INVITED TO THE IEP MEETINGS, AND THIS PERMIT WILL BE REVIEWED.**

Reason for Requested Transfer: _____

_____

_____

***If transfer is based on EMPLOYMENT or CHILD CARE, you MUST complete the following:**

Name: _____ **Address:** _____
Caregiver or Place of Employment

Phone: _____ **Employer/ Caregiver Signature (Required):** _____
Name/Title

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

Work/Cell Phone #: _____ **Work/Cell Phone #:** _____

Address: _____ **Address:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

District of Residence (Authorized Official)	*District of Attendance* (Authorized Official)
Approved **Denied**	**Approved** **Denied**
_____ ELIZABETH VEAL, SUPERINTENDENT	_____ SIGNATURE (AUTHORIZED OFFICIAL)
DATE: _____	_____ DISTRICT DATE
APPEAL: ___ APPROVE ___ DENY DATE: _____	

******PLEASE RETURN THIS FORM TO THE BAYSHORE ELEMENTARY SCHOOL DISTRICT******