SYLVAN UNION SCHOOL DISTRICT
605 Sylvan Avenue, Modesto, CA 95350
(209)574-5000 ◆ Fax:(209)524-2672

WHERE KNOWLEDGE GROWS

REQUEST & AGREEMENT FOR INTERDISTRICT ATTENDANCE

School Year _____

Requested School _____ Requested District _____

School of Residence _____ District of Residence _____

I Understand that the student named herein will be transferred back to his/her district of residence for any of the following reasons: If facilities are not available in the school the student wishes to attend; if the student has unsatisfactorily attendance, unsatisfactory scholarship, or unsatisfactory citizenship; if there is falsification of information on this form or any other reason determined by District Policy.

I agree to furnish transportation at my expense for this student from area of residence in order for him/her to attend the school requested.

APPROVED TRANSFERS ARE VALID ONLY FOR SCHOOL YEAR REQUESTED.
IF REQUEST IS FOR CHILDCARE OR IS EMPLOYMENT RELATED,
PLEASE COMPLETE THE BACKSIDE OF THIS FORM

ALL BLANKS in the parent section MUST be complete.

In accordance with Education Code 46600-46607, the attendance of pupils covered by this agreement shall be credited to the School District of attendance for apportionment purposes. No financial obligation shall be incurred by the district of residence for services rendered under this agreement.

STUDENT NAME: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

NAME OF PARENT/GUARDIAN: _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

E-MAIL ADDRESS: _____

REASON FOR REQUEST: _____

_____

Is Student on Expulsion? ☐ **Yes** ☐ **No** **Is Student in an ESL (English as a Second Language) Program?** ☐ **Yes** ☐ **No**
Is Student in Special Education? ☐ **Yes** ☐ **No**

I hereby certify that I am the: ☐ **Parent** ☐ **Legal Guardian** ☐ **Other** _____

_____ _____
PARENT SIGNATURE **DATE**

FOR DISTRICT USE ONLY:

DATE: _____ **DATE:** _____

☐ **Recommended** ☐ **Not Recommended** ☐ **Recommended** ☐ **Not Recommended**

Comments _____ **Comments** _____

_____ _____

_____ _____
District Office Administrator **Authorizing Agent**
SYLVAN UNION SCHOOL DISTRICT

_____
District of Attendance

Original: Business Office Copy: School of Attendance Copy: District of Attendance Copy: District of Residence Copy: Parent **FORM 100.1 – Revised June 2014**

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CHILDCARE / EMPLOYMENT VERIFICATION

The following information must be verified prior to requesting an Interdistrict Transfer:

Student Name: _____ **Date Of Birth:** _____ **Grade:** _____

School Attendance Area: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ **Mother's Name:** _____

Address: _____ **Address:** _____

Home/Cell Phone: _____ **Home/Cell Phone:** _____

Place of Employment: _____ **Place of Employment:** _____

Address: _____ **Address:** _____

Work Phone: _____ **Work Phone:** _____

Supervisor: _____ **Supervisor:** _____

Hours/Days of Employment: _____ **Hours/Days of Employment:** _____

_____ _____
PARENT/GUARDIAN SIGNATURE **DATE**

DAY CARE PROVIDER INFORMATION:

Name: _____ **Address:** _____

Phone: _____ ***Day Care License No.:** _____

School Attendance Area: _____

Student will be supervised by this childcare provider during these hours:

_____ **A.M.** _____ **P.M.** **On these days:** _____

_____ _____
DAY CARE PROVIDER SIGNATURE **DATE**

* No license needed if:
(1) The caregiver is related by blood or marriage to the parent(s)
(2) The caregiver is supervising children from one family and is a close friend of the parent
(3) The caregiver is supervising for 10 hours or less per week, with or without compensation if the children are under 14 years of age.